BURGH OF PAISLEY.

REPORT

OF THE

Public Health Department

For the year 1937.

BY

G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.
Medical Officer of Health.

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To the Provost, Magistrates and
Town Councillors of the
Burgh of Paisley.

Gentlemen,

I have the honour to submit my Report on the work of the Public Health Department for the year 1937. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Gentlemen,

Your obedient Servant.

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
Paisley, June, 1938.

BURGH OF PAISLEY.

Report of the Public Health Department for the Year 1937.

PART I.

VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1937 was 90,774; this gives an estimated increase over the figure for 1936 of 799.

Area.—The area of the Burgh is 3,538 acres. The density of population is 25.65 per acre.

Birth Rate.—There were 1,716 births; 868 males and 848 females, giving a birth rate—corrected for transfers—of 18.9 compared with 18.8 for 1936. The average rate for the past eighteen years is 21.2. The rate for the whole of Scotland was 17.6 while the average rate for the larger Scottish Burghs was 18.5.

Illegitimate Birth Rate.—This rate was 4.1 per cent of the total births. The average rate for the past eighteen years is 4.7 per cent. The rate for the whole of Scotland was 6.2 per cent., and for the larger Burghs, 5.6 per cent.

Death Rate.—The number of deaths was 1,175, giving a death rate—corrected for transfers—of 12.9. The rate for 1936 was 13.1, and the average rate for the past eighteen years is 13.6. The rate for the whole of Scotland was 13.9, while the rate for the larger Burghs was 14.1. Deaths over 65 years were 486, or 41.3 per cent. of the total deaths.

The principal diseases contributing to the death rate were heart diseases, 212 deaths; cancer, 150 deaths; cerebral hæmorrhage, etc., 91 deaths; pneumonia, 81 deaths; pulmonary tuberculosis, 61 deaths; bronchitis, 57 deaths.

The number of deaths from the various forms of heart disease was the third highest on record, and forms 18.8 per cent. of the total deaths. The deaths from cancer were the highest on record, and form 13.4 per cent. of the total deaths.

There were 1,167 deaths registered during the year, and 170 deaths occurred in the Infectious Diseases Hospital which is in the County Area. Of that total, no fewer than 787 deaths—or 67.44 per cent. occurred in institutions; in 1921, only 38.8 per cent. of the total deaths occurred in institutions.

Infant Mortality Rate.—Deaths under 1 year—corrected for transfers—numbered 160, giving a rate of 93 per 1,000 births. In 1936, the rate was 100, and the average rate for the past eighteen years is 97. The rate for the whole of Scotland was 80, while the average rate for the larger Burghs was 90.

Diseases of early infancy and malformations accounted for 84 deaths, or 52.5 per cent. of the total number. The other principal diseases contributing to this mortality rate were pneumonia, 15 deaths, diarrhœa, etc., 24 deaths, whooping cough, 7 deaths, cerebro-spinal fever, 5 deaths, and bronchitis, 8 deaths.

Tuberculosis Mortality Rate.—The rate of deaths from all forms of tuberculosis was 0.90, and the rate from pulmonary tuberculosis was 0.67; these rates for 1936 were 0.76 and 0.60, while the average rates for the past eighteen years are 1.06 and 0.76. The corresponding rates for the whole of Scotland were 0.74 and 0.56, and for the larger Burghs, 0.89 and 0.69.

Infectious Diseases Rate.—The rate of deaths from the principal infectious diseases was 0.82; the rate for 1936 was 0.76, while the average rate for the past eighteen years is 0.90. The rate for the whole of Scotland was 0.90, and for the larger Burghs, 0.93.

CONTROL OF INFECTIOUS DISEASES.

New Infectious Diseases Hospital.

On 7th July, 1936, the new Infectious Diseases Hospital was opened. During 1937, it was visited by many delegations, from England, as well as Scotland, and their unanimous opinion was that it is second to none in Britain.

The total accommodation at the new Hospital is 181 beds. There are seven separate ward pavilions as follows:—

(1) Pneumonia, 30 beds.
(2) Diphtheria, 21 beds.
(3) Whooping Cough, 20 beds.
(4) Scarlet Fever, 30 beds.
(5) Measles, 20 beds.
(6) Cubicle Block, 30 beds.
(7) Tuberculosis, 30 beds.

The pavilions for measles and whooping cough, when not required for these diseases, serve as reserve pavilions. The Cubicle Block is used for cases of Enteric Fever, Cerebro-Spinal Fever, Puerperal Fever, Erysipelas, etc., and also for observation cases and cases suffering from two diseases. With the exception of the Cubicle Block, all the wards are single storey pavilions, and all have verandahs.

The administrative buildings include the following:—Administrative Block with accommodation for Domestic Staff, Nurses' Home, Dispensary and Laboratory, Power House, Laundry Block, Garage, Mortuary, and houses for the Male Staff.

A.—Hospitals.

Infectious Diseases Hospital.—The number of cases remaining in Hospital on 31st December, 1936, was 76, the number admitted during 1937 was 1527, giving a record total of 1603, compared with the total of 1231 for the year 1936.

The principal diseases contributing to this total were:—Diphtheria, 468; Scarlet Fever, 540; Acute Pneumonia, 350; Measles, 2; Whooping Cough, 40; Dysentery, 31; Erysipelas, 49; Acute Meningitis, 36; Puerperal Fever and Puerperal Pyrexia, 24.

Drs. A. B. Semple, S. R. Jamieson, Norman M. Macdonald and George H. Hall acted as Resident Medical Officers during the year. Thanks are due to these officers for their capable and conscientious services. Miss Dick, Matron, and her nursing staff are again to be congratulated on an excellent record of work.

Reception House.—There is now no Reception House available, as the buildings at Bridge Street have been demolished.

Smallpox Hospital.—Cases of Smallpox, of which none occurred during the year, are treated at the West Renfrewshire Combination Hospital, near Johnstone. This Hospital serves the whole County Area, and is under the control of a Joint Committee, representative of all the Local Authorities.

B.—Infectious Diseases.

The total number of cases of Infectious Diseases—apart from Tuberculosis—was 3114, which represents a fairly high incidence; in 1936, the total was 4521. Notifiable diseases accounted for 1899 cases, of which 477 were cases of Acute Pneumonia, 549 Scarlet Fever, 440 Diphtheria. There were 1215 cases of diseases not compulsorily notifiable, of which 256 were cases of Measles, 19 Mumps, 514 Whooping Cough, 426 Chickenpox.

The Epidemic Inspector, Mr. Roxburgh, and the Epidemic Nurse, are again to be congratulated on an excellent record of work.

School Closure on account of Infectious Disease.—It was not considered necessary to recommend closing of any school or part of a school on account of Infectious Disease.

Housing and Infectious Disease.—I subjoin the usual table showing the number of cases of acute Pneumonia, Diphtheria, and Scarlet Fever, which occurred in houses of one, two, and three apartments:—

	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
Size of House.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.
One Apartment, ... * (14.9%).	52	13.3	37	8.7	68	12.7
Two Apartments, ... (50.3%).	208	53.3	197	46.1	255	47.9
Three Apartments, ... (21.9%).	102	26.2	145	34.0	151	28.5
Over Three Apartments (12.9%).	28	7.2	48	11.2	58	10.9

* The figures in brackets denote the percentage of each class of house to the total number of houses.

Disinfection.—The usual routine measures of disinfection included 704 mattresses for Barshaw Maternity Hospital and 40 mattresses for Woodside House. In addition to these routine measures, 51 sets of bedding, as well as many sets of bed and body clothing, were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases:—Pulmonary Tuberculosis, 24; Cancer, 6; Circulatory Diseases, 3; other diseases, 18.

The practice of offering baths and disinfection of clothing and bedding to patients suffering from Scabies and Pediculosis was continued at the Infectious Diseases Hospital. In the case of Scabies, the members of 42 households were bathed and treated with sulphur ointment (Kathiolan), and their bedding and clothing were subjected to steam disinfection On account of verminous infestation, the beds and bedding of 30 households were subjected to steam disinfection.

Modern Methods of Active Immunisation.—Since the latter months of 1926, the Nursing Staff at the Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to test their susceptibility to Diphtheria and Scarlet Fever. Those nurses found susceptible have been actively immunised. In 1922, two mild cases of Diphtheria occurred, particulars of which were given in the Report for that year, and in 1935 and 1936, one nurse contracted a mild attack. I subjoin brief particulars of a case occurring in 1937. "Nurse J.M. Schick Test negative, 9.2.37. Was warded with signs of very mild clinical diphtheria on 28.11.37. Positive swab. Discharged 14.1.38" Immunisation work has not yet been started at the Child Welfare Clinics.

Pneumonia.—Total notifications, 566, classified as follows:—Acute Primary Pneumonia, 477; Acute Influenzal Pneumonia, 36; Acute Pneumonia, secondary to other diseases, 53. These figures represent a high incidence. 463 cases of Acute Primary Pneumonia and Acute Influenzal Pneumonia were treated in hospital, or 80.1 per cent. of the total notifications; of these 339 were treated in the Infectious Diseases Hospital, 60 in the Royal Alexandra Infirmary, 31 in Woodside House, and 33 in Craw Road Institution. Deaths numbered 81, giving a case mortality—for all notified cases—of 14.3 per cent., rather lower than the average figure: the case mortality in the Infectious Diseases Hospital was 11.6 per cent.; 21 deaths of the total of 81 occurred in children under five years. 53 cases of Acute

Pneumonia, secondary to other diseases, were notified during the year. Practically all were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables the Health Department to get into early touch with these cases and to offer institutional treatment in the Infectious Diseases Hospital.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of Acute Pneumonia and Acute Influenzal Pneumonia. I subjoin an interesting table showing the development of the work:—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.).	Cases Removed to Hospitals.				
			Infectious Diseases Hospital.	Royal Alexandra Infirmary.	Craw Road Institution and Woodside House.	Total Cases removed to Hospitals.	Percentage of Notified Cases removed to Hospitals.
1922	530	27.9	209	111	18	338	63.8
1923	250	20.1	108	39	8	155	62.0
1924	578	28.8	170	114	25	309	53.5
1925	491	23.8	236	91	18	345	70.3
1926	500	27.0	219	93	30	342	68.4
1927	561	21.0	300	81	31	412	73.4
1928	545	23.6	304	72	28	404	74.1
1929	738	23.1	306	104	124	534	72.3
1930	528	24.0	286	57	33	376	71.4
1931	477	18.0	286	48	14	348	72.9
1932	590	20.0	246	70	41	357	60.0
1933	414	21.0	193	54	42	289	69.8
1934	500	20.0	161	109	84	354	70.8
1935	517	23.0	223	72	115	410	79.3
1936	452	18.1	213	63	78	354	78.3
1937	513	15.8	339	60	64	463	87.2
Totals,	8,184	.....	3,799	1,238	753	5,790	70.6

Taking the years 1922 to 1937, we find that the average number of notifications was 511, and the average case mortality of the notified cases was 22.2; during the same period, 46.3 per cent. of the total notified cases were treated in the Infectious Diseases Hospital, where the average case mortality was 15.1 per cent.

Scarlet Fever.—Cases notified, 549; removed to hospital, 515 or 93.8 per cent.; there was 1 death, giving a case mortality of 0.18 per cent. as compared with the average case mortality for the past eighteen years of 1.41 per cent. The average number of notifications for the past eighteen years is 395. In the great majority of cases the type of disease

remains fairly mild, although the incidence of septic complications is high. Where home isolation is practicable, medical practitioners can be supplied with antitoxin.

Diphtheria.—Cases notified, 440; removed to hospital, 439. There were 26 deaths, giving a case mortality of 5.9 per cent., as compared with the average case mortality for the past eighteen years of 4.7 per cent. The incidence was the highest on record, the average during the past eighteen years being 191. This higher incidence in recent years has been a fairly common feature both in England and Scotland, and a disquieting feature towards the end of 1936 and during 1937 was the high proportion of cases of a severe type. I would once again emphasise the vital importance of early diagnosis of this disease. Success in treatment depends almost entirely on the duration of the illness. The mortality for cases coming under treatment on the first or second day of illness is almost negligible, while each day's delay after the first two days causes an appreciable rise in the mortality rate. The disease is most fatal in very young children, who cannot complain of a sore throat. Further it should be remembered that a diphtheritic throat is frequently not a painful condition, and, undoubtedly, many young lives would be saved if only parents would make it an absolute rule to examine the throat of **every** ailing child—no matter what the child complained of. I would also again point out to medical practitioners the danger of relying on bacteriological examinations in suspected cases of diphtheria. When dealing with suspicious throats, more especially in young children, treatment should be commenced on clinical evidence alone, and antitoxin should be at once administered without waiting for the result of a throat swab. If the throat of an ailing child is suspicious enough to swab immediate administration of antitoxin is the correct line of treatment. Antitoxin is always available for practitioners at the Fever Hospital.

The high incidence and the severe type of diphtheria during recent years raises again the question of immunisation against the disease, a question to which I have repeatedly referred in my annual reports during the last ten years. It is now an established fact that immunity can be produced by three injections of a toxin-antitoxin mixture and lasts certainly for many years, possibly for the remainder of life. Most progressive Local Authorities in England and Scotland have for many years offered free immunisation to susceptible children through the medium of the Child Welfare and

School Medical Services—in Scotland, notably Aberdeen and Edinburgh.

It is much to be regretted that, owing to the time of the medical staff being fully occupied, it has been impossible to make a start with immunisation work in Paisley. But, in my opinion, it is now a matter for serious consideration by the Local Authority whether steps should not be taken in the near future to institute a comprehensive scheme whereby every susceptible child may have the chance of immunisation against such a dangerous disease.

Enteric Fever.—There were 3 notifications of this disease. The final diagnosis of these cases was as follows:—Enteric Fever, 1; Paratyphoid "B" Fever, 2. All the cases were treated in Hospital and recovered. During 1936, there were 8 cases of this disease.

Ophthalmia Neonatorum.—Notifications number 24, as compared with 15 during 1936. Only 5 cases were proved to be due to a gonococcal infection—a low proportion. 18 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 72 domiciliary visits to these cases, and 1 serious case was referred to the Royal Victoria Eye Infirmary, Paisley, for out-patient treatment. 2 cases were severe enough to warrant admission to the Infectious Diseases Hospital for indoor treatment. One case of impairment of vision occurred, and in that respect our record of only 2 cases of blindness from this disease since 1918 is the best possible tribute to the value of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

Measles.—256 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the medical service of the Education Authority. The incidence was low, the average number of cases during the past eighteen years being 666. 24 cases were admitted to hospital. The type was mild and there was 1 death, giving a case mortality of 0.04 per cent. The average case mortality for the past eighteen years is 2.2 per cent. The Epidemic Nurse paid 253 domiciliary visits in order to impress on parents the dangers of this disease, especially in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week, in order to prevent the onset of pneumonia, that very fatal complication which is the cause of practically all the deaths from Measles.

Whooping Cough.—514 cases of this disease—not compulsorily notifiable—came to the notice of the Health

Department. The average figure during the past eighteen years is 365. There were 12 deaths—all of children under 5 years—which gives a case mortality of 2.3 per cent., a low rate, the average rate for the past eighteen years being 6.7 per cent. 448 domiciliary visits were paid to these cases. 22 cases were admitted to Hospital. Whooping Cough in young children is the most fatal of all the common infectious diseases, a fact which still requires to be impressed on parents.

Puerperal Fever and Puerperal Pyrexia.—3 cases of Puerperal Fever were notified. The average figure for the past eighteen years is 9. All the cases were treated in hospital.

39 cases of Puerperal Pyrexia were notified, of which 33 were treated in hospital.

There were 3 deaths due to Puerperal Sepsis.

Further particulars of these cases will be found in the section of the Report dealing with the Maternal and Child Welfare Service.

Chickenpox.—There were 426 notifications of this disease, which at the end of 1932 ceased to be compulsorily notifiable; this represents an average incidence, the average figure for the past eighteen years being 423. As chickenpox may be easily confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitations.

Cerebro-Spinal Fever.—16 cases were notified, and all were treated in hospital. There were 11 deaths.

Erysipelas.—79 cases were notified; 51 cases were treated in hospital; there were 2 deaths.

Mumps.—19 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; the average figure for the past eighteen years is 359.

Dysentery.—32 cases were notified during the year, the second highest incidence on record. Of the 32 cases, 27 were notified by medical practitioners and 5 by the staff of the Public Health Department. All the cases were removed to the Infectious Diseases Hospital.

Seasonal incidence—

Notification January to June,				8
Notifications during month of		July,		0
,,	,,	,,	August,	2
,,	,,	,,	September,	4
,,	,,	,,	October,	5
,,	,,	,,	November,	10
,,	,,	,,	December,	3

Age and Sex Incidence—

	Males.	Females.	Totals.
0-5 years, ...	5	4	9
5-15 years, ...	7	4	11
15-25 years, ...	2	2	4
25-45 years, ...	2	4	6
Over 45 years, ...	1	1	2
	17	15	32

Number of houses affected, ... 23

1 case occurred in 20 houses.
2 cases occurred in 2 houses.
3 cases occurred in 1 house.
5 cases were notified from an Institution.

Size of houses affected—

1-apartment houses, ... 1
2-apartment houses, ... 16
3-apartment houses, ... 4
4-apartment houses, ... 2

Location of Houses affected—

7 houses were in North District.
4 houses were in South District.
7 houses were in East District.
5 houses were in West District.

Sanitary Accommodation of houses affected—

7 houses had an inside W.C.
16 houses used a W.C. in common with other tenants.

Results of bacteriological examinations—

6 cases were negative.
6 cases were due to B. Flexner.
20 cases were due to B. Sonne.

Mortality. Nil.

No probable or common source of infection was discovered, and milk and food supplies could be definitely excluded. Fortunately, the type of disease was very mild.

The incidence and mortality of Enteritis in young children has risen definitely in the last few years. It is possible—in my opinion, probable—that a mild type of Dysentery has been prevalent in Paisley during the last few years and has been regarded as Enteritis. In a large number of cases, during the years 1936 and 1937, especially in young children the diagnosis was purely bacteriological.

Influenza.—22 deaths from this disease occurred during the year, which indicates rather a high prevalence.

Smallpox, Typhus Fever, Plague, Cholera, Relapsing and Continued Fevers, Malaria, Infective Jaundice, Acute Poliomyelitis, Encephalitis Lethargica.—No cases occurred during the year.

VACCINATION.

The unsatisfactory provisions of the Vaccinations Acts continue to be responsible for a large proportion of the population remaining unvaccinated. Mr. W. L. Campbell, Registrar, reports that for the year 1936, only 442 infants, or 26.1 per cent. of the total births (1693), were successfully vaccinated. "Conscientious objectors numbered 975, or 57.5 per cent. of the total births.

MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during the year at the Bacteriological Laboratory at the Fever Hospital. Since the war this work has steadily increased, especially during the last few years. In 1920 examinations numbered 707; for 1930, the total was 1,284; for 1934, the total was 3,607; for 1936, the total was 2919. During 1937, total examinations numbered 4,267, the highest total on record.

Disease.	No. of Specimens.	Positive Results.	Negative Results.
Diphtheria,	3,459	791	2,669
Enteric Fever,	14	—	14
Tuberculosis,	268	86	176
Venereal Diseases,	120	27	93
Cerebro-Spinal Fever,	61	22	39
Other Diseases,	351	58	293
	4,267	984	3,283

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

STAFF.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.	Education Authority.
Maternal and Child Welfare Department.	Minor Ailments Clinic.
Tuberculosis Department.	Special Treatment Clinic.
Disinfection Department.	Dental Clinic.
X-Ray Department.	Remedial Exercises Clinic.
Artificial Sunlight Department.	Office Accommodation.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the instructions issued by the department of Health for Scotland. To the statistics and other information required by the Department, I have added brief personal comments. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) BIRTHS.

(a)	Number registered (corrected for transfers, 1,716),	1,705
	(1) Legitimate,	1,639
	(2) Illegitimate,	66
(b)	Number notified (including still-births),	1,769
(c)	Number registered, but not notified,	30
(d)	Number classified according to nature of attendance:	
	(1) Doctor,	412
	(2) Midwife,	570
	(3) Institution,	723
(e)	Number of still-births,	82

The number of still-births is rather above the average figure; in 1936, the number was 72. An analysis of the probable causes of these still-births will be found in Part II. of this report; effective ante-natal supervision would undoubtedly result in a reduction of this rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

(2) Infantile Mortality.

(a) Number of deaths (corrected for transfers, 160), ... 135
(b) Rate per 1,000 births (corrected for transfers), ... 93
(c) Number of deaths and rate per 1,000 births classified according to age groups and causes of deaths:

Age Groups.	No. of Deaths.	Rate per 1,000 Births
Under 1 week,	60	34.97
1 week and under 4 weeks,	16	9.32
4 weeks and under 3 months,	21	12.23
3 months and under 6 months,	21	12.23
6 months and under 12 months,	17	9.91

Causes of Death.	No. of Deaths.	Rate per 1,000 Births
Asphyxia Neonatorum,	3	1.75
Broncho-Pneumonia,	10	5.83
Congenital Debility,	29	16.90
Whooping Cough,	2	1.16
Cerebral Thrombosis,	1	0.58
Gastro-Enteritis,	18	10.49
Tuberculous Diseases,	1	0.58
Meningitis (not Tuberculous),	2	1.16
Hydrocephalus,	1	0.58
Icterus Neonatorum,	2	1.16
Bronchitis,	8	4.66
Convulsions,	8	4.66
Intussusception,	1	0.58
Marasmus,	4	2.33
Natural Causes,	1	0.58
Spina Bifida,	3	1.75
Premature Birth,	37	21.56
Injury at Birth,	3	1.75
Malformation, Head and Face,	1	0.58

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis again emphises the need for effective ante-natal supervision of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced.

(3) Maternal Mortality.

(a) Number of deaths resulting from miscarriage or childbirth (including puerperal sepsis), ... 6
(b) Number of deaths resulting from puerperal sepsis, ... 3

The number of maternal deaths during 1937—6—gives a maternal mortality rate of 3.49 per 1,000 births; in 1936 this rate was 4.72. The average rate for the past 18 years is 5.64. Of the 6 maternal deaths, 3 resulted from puerperal sepsis, as compared with 4 during 1936, the puerperal sepsis death rate being 1.74 as compared with an average rate for the past 18 years of 2.05 per 1,000 births.

(4) Report Under Midwives (Scotland) Act, 1915.

This will be found under Part II. of the Report. There are 17 midwives on the local roll, of whom 9 hold the C.M.B. Certificate or its equivalent. 33.4 per cent. of the total number of births were attended by midwives.

(5) Home Visitation.

	Number Visited.	Total Visits.
Infants, ...	1,936	6,312
Children (1-5 years), ...	2,858	8,676
Expectant Mothers, ...	193	404
	4,987	15,392

The total number of home visits is 817 fewer than the number paid during 1936. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health visitors will be increased, in order that this important branch of the work will receive the attention which its importance merits. At present the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

(6) Voluntary Health Visitor's Report.

There are no Voluntary Health Visitors.

(7) Ante-Natal Consultations.

There are three sessions held each week—on Monday afternoon and on Wednesday and Friday mornings. Each session lasts 3-3½ hours; the total number of sessions was 151.

(a)	Total number of expectant mothers attending,		961
	Re-attending from 1936,	140	
	New Patients,	821	
(b)	Total number of attendances,		4,379
(c)	Classified summary of conditions found:—		
	Albuminuria,		18
	Anaemia,		32
	Bad Obstetric History,		1
	Respiratory Conditions,		23
	Cardiac Disease,		14
	Appendicitis,		1
	Contracted Pelvis,		83
	Dental Caries,		68
	Debility,		19
	Digestive Disorders,		105
	Doubtful Pregnancy,		12
	? Convulsions,		1
	Gynaecological Conditions,		10
	Epilepsy,		1
	Hydramnios,		1
	Malpresentation,		15
	Minor Ailments,		94
	Missed Abortion,		2
	Multiple Pregnancy,		3
	Normal Pregnancy,		371
	Skin Conditions,		1
	Threatened Abortion or Miscarriage,		10
	Tuberculosis,		2
	Varicose Veins,		60
	Venereal Disease,		2
	Vaginal Discharge—non Venereal,		6
	Pseudocyesis,		6
(d)	Number of cases:—		
	(1) Referred to Ante-Natal Ward,		81
	(2) Treated at Clinic,		880
(e)	Sources from which new cases were drawn:—		
	(1) Recommended by Doctor,		60
	(2) Recommended by Midwife,		151
	(3) Recommended by Health Visitors,		7
	(4) Came of own accord,		601

The total attendances at the ante-natal clinics numbered 131 fewer than the total for 1936. The number of mothers attending was 26 more than the total for 1936, and was a record total. As has been repeatedly pointed out, effective ante-natal supervision provides the key to the reduction not only of puerperal morbidity and mortality, but also of the high figures of still-births and neo-natal mortality.

(8) Post-Natal and other Consultations.

(a)	Total number of patients,		597
	New patients,	484	
	Old patients re-attending,	113	
(b)	Total number of attendances,		2,771

(c)	Conditions found:—		
	Agalactia,		103
	Anaemia,		1
	Adenitis,		35
	Cracked Nipples,		1
	Gynaecological Conditions,		2
	Debility,		114
	Dental Caries,		7
	Digestive Disorders,		13
	Haemorrhoids,		1
	Healthy,		290
	Mastitis,		2
	Minor Ailments,		10
	Respiratory Conditions,		10
	Skin Conditions,		4
	Eye Conditions,		2
	Varicose Veins,		1
	Venereal Disease,		1

These figures, as in previous years, refer to nursing mothers attending the Child Welfare Clinics.

New Post-Natal Clinic.

In December, 1930, a new Post-Natal Clinic was opened in the Russell Institute under the charge of the Resident Medical Officer of Barshaw Hospital. The Clinic, which is held on Thursday afternoon, was started primarily to provide post-natal supervision for the mothers confined in Barshaw Hospital, especially for those who had no family doctor. I subjoin the report of the year's work which has been prepared by Dr. Margaret C. Gibson.

(a)	Total number of patients attending,		507
	Re-attending from 1936,	50	
	New patients,	457	
(b)	Sources from which cases were drawn:—		
	Referred from Barshaw Hospital,		444
	Referred by Medical Practioners,		6
	Referred by Public Health Staff,		2
	Referred by Midwives,		51
(c)	Total number of attendances,		1,171
(d)	Summary of conditions found:—		
	Albuminuria,		7
	Anaemia and Debility,		4
	Cardiac Disease,		3
	Cystitis,		2
	Cystocele and Rectocele,		2
	Debility and Varicose Veins,		1
	Debility and Haemorrhoids,		1
	Debility and Cystocele,		2
	Cystocele,		3
	Miscarriage,		1
	Enlarged Rt. Tube,		1
	Dental,		1

	? Pregnant,	1
	Minor Ailments,	5
	Pregnant,	1
	Respiratory Diseases,	1
	Healthy,	48
	Pernicious Anaemia,	1
	Mastitis,	1
	Burn of Breast,	1
	Hernia of Appendix Wound,	1
	Vaginal Fistula,	2
	Retroversion,	2
	Anaemia,	100
	Debility,	296
	Thrombosis,	2
	Cracked Nipples,	1
	Prolapse,	1
	Endometritis,	1
	Haemorrhoids,	4
	Abortion,	2
	Rheumatism of Knee,	1
	Leucorrhoea,	1
	Heamorrhage,	4
(e)	Number of cases:—	
	Referred to other Clinics,	0
	Referred to Hospital,	0
	Referred to Doctor,	2
	Treated at Post-Natal Clinic,	505

Compared with 1936, total attendances showed an increase of 5, and there was also a gratifying increase of 128 in the number of mothers attending. Mothers still, however, require to be educated regarding the real preventive value of post-natal supervision. At the Post-Natal Clinic, conditions can be recognised at an early stage, and treatment can then be more effective.

(9) Child Welfare Consultations.

There are seven sessions held each week, each session lasting three to four hours. The total number of sessions was 358.

(a)	Number of children attending:—			
	(1) Under one year of age,			1,054
	(a) New patients,		800	
	(b) Patients re-attending,		254	
	(2) Over one year of age,			1,456
	(a) New patients,		314	
	(b) Patients re-attending,		1,142	
(b)	Total number of attendances:—			
	(1) Under one year of age,			7,124
	(2) Over one year of age,			7,527
(c)	Summary of conditions found:—			
	Adenitis,			20
	Congenital Defects,			20
	Debility,			342

	Dental Caries,	127
	Diseases of the Skin,	256
	Ear Affections,	30
	Throat and Nose Disorders,	106
	Eye Conditions,	41
	Engorged Breasts,	19
	Gastro-intestinal Disorders,	377
	Genito-urinary Disorders,	17
	Icterus Neonatorum,	2
	Infectious Diseases,	12
	Injury,	7
	Intestinal Parasites,	33
	Mental Defects,	1
	Minor Ailments,	5
	Phimosis,	59
	Prematurity and Birth Debility,	16
	Respiratory Disorders,	303
	Rickets,	36
	Under Weight,	61
	Stomatitis,	14
	Surgical Conditions (excluding nose and throat).	109
	Umbilical Condition,	29
	Healthy Children,	567
(d)	Number of surgical dressings,	512
(e)	Cases referred to Hospital:—	
	(1) For operation,	235
	(2) For consultation,	40
	(3) For observation or medical treatment,	7

Total attendances numbered 14,651 as compared with the record total of 15,799 during 1936. It would be helpful if more time was available to develop the very important educative aspect of the work at these Clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

Rickets.

The incidence of this disease at the Child Welfare Clinics during 1937 is subjoined, and may be compared with the figures for the previous three years.

	1934	1935	1936	1937
Total number of cases,	53	41	38	36
New cases,	29	32	19	30
Old cases re-attending,	24	9	19	6

A definite decrease in the number of new cases is to be noted this year, and generally the incidence in recent years is lower.

I subjoin the usual statistical data relating to the 30 new cases attending during the year:—

(1) **Classification:**

Early,	22
Medium,	3
Advanced or late,	5

(2) **Age Incidence:**

6 to 9 months,	4
9 to 12 months,	3
12 to 18 months,	8
18 to 24 months,	5
Over 2 years,	10

(3) **Modes of Feeding:**

Breast fed at birth,	15
Partly breast fed at birth,	6
Bottle fed,	9
Breast fed babies weaned earlier than 3rd month,	7
Breast fed babies weaned between 3rd and 6th month,	2
Breast fed babies weaned between 6th and 12th month,	4
Breast fed babies weaned after 12th month,	0

(4) **Question of Employment of Husband:**

Husband in steady employment,	13
Husband on short time,	1
Husband unemployed for a few months,	5
Husband unemployed for 1 year,	1
Husband unemployed for 2 years,	10

(5) **Housing Accommodation:**

Lodgings,	4
1-apartment houses,	5
2-apartment houses,	16
3-apartment houses,	5

The Health Visitors on their first visit to a house after a baby arrives leave a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the Clinics such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are: (1) Cod Liver Oil, (2) Proprietary preparations, containing Vitamin "D," (3) Artificial Sunlight Treatment.

Artificial Sunlight Treatment gives satisfactory results in the great majority of cases, always provided that regular

attendance can be secured. During 1937, 16 cases received this treatment at the Russell Institute; of these 14 cases improved under treatment, and 2 cases ceased attendance prematurely.

(10) Special Treatment Centres.

(1) **Dental Clinic:**

(a)	Number of attendances,		1,007
	(1) Mothers,	345	
	(2) Children,	662	
(b)	Number of dentures supplied,		0
(c)	Summary of Work:—		

	New Cases	Attend'ces.	Extractions.	Fillings.	Dressings, etc
Mothers,	130	345	229	13	75
Children,	259	662	303	119	218
Totals,	389	1,007	532	132	293

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The number of new patients is 4 fewer than during 1936. Total attendances show a decrease of 176 compared with 1936. The extractions carried out involved the giving of 407 local anæsthetics.

Sincere thanks are again due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes:**

(a)	Number of cases,	41
(b)	Classified summary of conditions treated:—	
	Acute conjunctivitis,	22
	Blepharitis,	10
	Hordeola,	4
	Ophthalmia neonatorum,	1
	Strabismus,	3
	Corneal Ulcer,	1

(3) **Ear, Nose and Throat:**

(a)	Number of cases,	136
(b)	Summary of conditions:—	
	Otorrhoea,	30
	Enlarged tonsils and adenoids,	78
	Adenoids,	2
	Rhinitis,	23
	Tonsilitis,	2
	Nasal Diphtheria,	1

(4) **Artificial Sunlight Clinic—Child Welfare Cases:**

(a) Number of attendances, ... 2,730
(b) Number of cases, ... 155
Old cases re-attending, ... 34
New cases, ... 121
(c) Note of conditions treated and results obtained :—

Dr. Ida E. Ashby, who is in charge of this work, submits the following report :—

No. of Cases.	Condition.	Result.
3	Adenitis.	Well.
7	Adenitis.	Improved.
8	Adenitis.	Ceased attending prematurely.
3	Bronchitis.	Well.
3	Bronchitis.	Improved.
7	Bronchitis.	Ceased attending prematurely.
44	Debility.	Improved.
53	Debility.	Ceased attending prematurely.
1	Debility.	Condition unchanged.
7	Rickets.	Well.
7	Rickets.	Improved.
2	Rickets.	Ceased attending prematurely.
1	Backward Child.	Improved.
1	Backward Child.	Ceased attending prematurely.
1	Marasmus.	Improved.
1	Alopecia.	Improved.
1	Paresis R. Arm.	Condition unchanged.
1	Injury Left Arm.	Ceased attending prematurely.
1	Eczema.	Improved.
1	Nervousness.	Improved.
1	Discharging Ears.	Improved.
1	Discharging Sinus.	Transferred to T.B. Department.

School Children (excluding Tuberculous cases) referred by School Medical Officer:

(a) Number of attendances, ... 657
(b) Number of cases, ... 17
Old cases re-attending, ... 3
New cases, ... 14
(c) Note of conditions treated and results obtained :—

No. of Cases.	Condition.	Result.
2	Chorea.	Improved, continuing treatment.
1	Bronchitis.	Well.
3	Bronchitis.	Improved, continuing treatment.
2	Bronchitis.	Ceased attending prematurely.
1	Alopecia.	Well.
1	Alopecia.	Improved, continuing treatment.
1	Alopecia.	Ceased attending prematurely.
1	Lupus.	Improved, continuing treatment.
1	Debility.	Well.
3	Debility.	Improved, continuing treatment.
1	Debility.	Ceased attending prematurely.

The work at this clinic again showed an increase, total attendances being 3,387 compared with 2,634 during 1936. Child welfare cases showed an increase of 449, and school children an increase of 314.

(11) Day Nurseries, Kindergartens, and Play Centres.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to do excellent work which otherwise would have to be undertaken by the Local Authority. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. In May, 1930, the Committee of Management opened a Play Centre for children between three and five years in the St. Andrew's Mission Hall, Great Hamilton Street, and this new venture continues to be very popular and carries on most admirable work, which has real educative value. The Committee have now established another Play Centre in the North District. The Local Authority and the Education Committee of the County Council give grants in aid of the work of the Centre.

(12) Food and Milk.

(a)	Number of persons in respect of whom applications were made for food or milk:—		
	(1) Mothers, ...		63
	(2) Children, ...		74
(b)	Number of cases certified on medical grounds as requiring food or milk:—		
	(1) Mothers, ...		63
	Expectant, ...	26	
	Nursing, ...	37	
	(2) Children, ...		74
(c)	Number of cases under (b) certified as necessitous:—		
	(1) Mothers, ...		63
	(2) Children, ...		74

For details of above, see table on page 105.

As in former years, I have to record a generous bequest of £20 from the Peter Brough Bequest Fund and the money was again expended in providing baby clothing to help deserving mothers in necessitous circumstances.

(13) Measles.

(a)	Number of cases notified (not compulsorily notifiable), ...	256
(b)	Number of deaths, ...	1
	(1) From Measles, ...	0
	(2) From Sequelae, ...	1

(c)	Number of cases removed to hospital, ...	24
(d)	Number of domiciliary visits, ...	253
(e)	Details of special staff, if any, engaged for epidemics :—	
	An additional Health Visitor was appointed in 1924, who, during epidemics, devotes her whole time, if necessary, to home visitation.	

(14) Whooping Cough.

(a)	Number of cases notified (not compulsorily notifiable), ...	514
(b)	Number of deaths, ...	12
	(1) From Whooping Cough, ...	0
	(2) From Sequelae, ...	12
(c)	Number of cases removed to Hospital, ...	22
(d)	Number of domiciliary visits, ...	448
(e)	Details of Special staff, if any, engaged for epidemics : see note under "Measles."	

(15) Ophthalmia Neonatorum.

(a)	Number of cases notified, ...	24
	(1) By doctor, ...	2
	(2) By midwife, ...	18
(3)	By institution, ...	4
(b)	Number of cases in which infection was gonococcal, ...	5
(c)	Number treated in residential institution, ...	4
(d)	Number of cases in which there was appreciable loss of vision, ...	1

One case was treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) Maternity Hospitals.

(18) Hospitals for Sick Children.

New Maternity Hospital.

In April, 1935, the Town Council agreed by a substantial majority to approve of the scheme for a new Maternity Hospital to be erected on the Hawkhead Estate, the new Hospital to form the nucleus of the future Municipal General Hospital for all purposes excepting Infectious Diseases. Since then, correspondence on the subject of the site has proceeded between the Town Council and the County Council, who were the joint owners of the Hawkhead Estate, until the formation of the recently-constituted Joint Committee. In February, 1936, the Joint Committee agreed to the proposals of the Town Council, but the County Council did not intimate their agreement until April, 1937. In May, 1937, the Town Council

appointed as Architects for the new Hospital, the firm of Messrs. Sir John Burnet, Tait & Lorne, who had been the architects for the new Infectious Diseases Hospital. The new Hospital will certainly demand the best available skill. It will require to be laid out from the beginning to allow of gradual expansion in future years to at least 300 beds. At the end of the year, the architects were still engaged in the preparation of the plans.

It is probable that the various stages of the evolution of the future Municipal General Hospital at Hawkhead will be somewhat on the following lines:—

(1) The provision of 50 beds for maternity cases and 20 beds for children to replace and increase the present accommodation at Barshaw Hospital. The provision of 50 maternity beds will also allow mothers at present treated in Woodside House to be confined at the new Hospital. The institutional provision for maternity cases will thus be centralised.

(2) The second stage will be the provision of additional wards for children, primarily for the sick children at present treated in Woodside House. Institutional provision for sick children will thereby be centralised.

(3) The third stage will be the provision of wards, as and when required, for general medical and surgical cases. This stage will only be proceeded with when the accommodation at Craw Road Institution becomes definitely inadequate, and when the Directors of the Royal Alexandra Infirmary cannot see their way to provide increased accommodation for such cases.

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

A full detailed record of the year's work, including the statistical and clinical data required by the Department of Health for Scotland has been prepared by Dr. Margaret C. Gibson, and will be found in Part II. of the report. Medical practitioners will find the clinical notes of special interest. Here, I need only refer to the principal figures, and comment briefly on the year's work.

Maternity Wards—30 Beds.

	1922	1933	1934	1935	1936	1937
Number of admissions, ...	233	669	688	695	815	862
Ante-natal, ...	83	194	183	170	181	185
In labour, ...	147	443	485	509	599	651
Post-natal, ...	3	2	11	5	13	9
Abortions, ...	11	30	9	11	22	17

The year under review again shows a record total of admissions. Of the total, 354 were sent to hospital by Medical Practitioners, and 500 were referred from the ante-natal clinics. No cases were admitted from outwith the Burgh.

The ante-natal ward continues to serve as a valuable and very necessary adjunct to the ante-natal clinics. 185 cases were admitted during 1937, but, as has already been pointed out, the residence of these cases had to be seriously curtailed in order to make room for patients in labour. In addition to the 3 weekly ante-natal clinics held at the Russell Institute, another weekly clinic is held at the Hospital, where the Resident Medical Officer sees patients referred to her by Medical Practitioners for advice and treatment. During 1937, 2,076 attendances were recorded at this clinic by 252 patients; this is a record total and a tribute to the relations between the Local Medical Practitioners and the Resident Medical Officer.

The number of cases of abortion treated was 17, the third lowest number on record, and due entirely to the lack of accommodation for such cases. Since the opening of the Hospital in 1921, there have been 2 deaths due to abortion among the 490 cases treated. When no accommodation is available at Barshaw, such cases can usually be accommodated at the Royal Alexandra Infirmary, or at Craw Road Institution.

The number of confinements was 710, easily the highest total on record; in 1936 this figure was 656. There were 534

normal deliveries without medical assistance, 64 normal deliveries requiring some form of medical assistance, and 112 classified as abnormal or complicated deliveries.

The maternal morbidity rate for the total number of deliveries was 1.54 per cent., the rate for normal deliveries 1.17 per cent., and the rate for abnormal deliveries 3.5 per cent.; the corresponding rates for 1936 were 2.28 per cent., 1.44 per cent., and 6.8 per cent. If extra-genital cases of morbidity are excluded, the rate for normal deliveries is 0.17 per cent., and for abnormal deliveries 0.89 per cent. Details of these cases and their classification will be found in Part II. of the Report.

There were 40 still-births, giving a rate of 5.6 per cent.; in 1936 this rate was 5.83 per cent., and in 1935 6.09 per cent. The neo-natal death rate—deaths of infants under 8 days—was 4 per cent., compared with 3.17 per cent. in 1936, and 2.4 per cent. in 1935.

There were 5 maternal deaths, giving a maternal mortality rate for the total number of admissions of 0.58 per cent., as compared with 0.37 per cent. in 1936 and 0.43 per cent. in 1935. The maternal mortality rate per thousand live births was 7.41; in 1936 this rate was 4.77 and in 1935 15.56. The causes of the 5 deaths were Obstetric Shock, Pulmonary Embolism and Pelvic Peritonitis.

Dr. Donald M'Intyre, Consultant Obstetric Surgeon, was called to the Hospital on 39 occasions, and his work may be summarised as follows: 64 consultations, 7 minor operations and 20 major operations.

Dr. Margaret C. Gibson has again earned sincere congratulations for a fine record of work during the year. Miss Agnes M. Marr, Matron, and the nursing staff also deserve sincere thanks for the very capable way in which they tackled the work throughout a record year.

Children's Ward—10 Beds.

Since 1926, owing to the increased demand for accommodation for Maternity cases, there has only been one ward of 10 beds available for children, and this has been used chiefly for minor surgical cases referred from the Child Welfare Clinics.

The number of admissions was 299 compared with 270 in 1936; of these 40 were medical cases, and 259 were surgical

cases. The average duration of residence was 21.85 days for the medical cases, and 6.7 days for the surgical cases. 41 cases were recommended for admission by medical practitioners. 235 cases were referred from the Child Welfare Clinics, while 18 infants were transferred from the Maternity Wards, and 5 were admitted along with their mothers. There were 6 deaths—all medical cases—the causes of death being—Debility (2), Prematurity (1), Spina Bifida (2), Thrombosis of Popliteal Vessels (1).

Of the 40 medical cases, 3 were cases of prematurity, 4 Debility, 11 "born before arrival," 4 malnutrition, and 18 were transferred from the Maternity Wards.

The surgical work showed a definite increase, 289 operations, chiefly of a minor nature, being performed, as compared with 230 during 1936. Operations on "indoor" cases numbered 259, while "outdoor" cases numbered 30: "outdoor" cases are not formally admitted to Hospital, but are brought there early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 147 cases of tonsils and adenoids were operated on; these cases are detained on an average for 5 or 6 days. The work also included 59 cases of circumcision, 23 Hernia, 7 Cervical Adenitis, and 6 cases of talipes. Apart from operations, the "outdoor" work involved 17 consultations with Dr. George Millar, Surgical Specialist to the Children's Ward. Thanks are again due to Dr. Millar for very efficient work, which adds definitely to the value of the work at the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income; the great majority receive at least £2 as Maternity Benefit. During 1937, £1,808 was collected as compared with £1,360 in 1936, £1,154 in 1935, and £1,126 in 1934.

I subjoin the current scales of contributions which were approved by the Local authority in March, 1932:—

Scale of Contributions for Maternity Cases.

(1) Cases under necessitous scale, with no maternity benefit—No charge.
(2) Cases under necessitous scale, with maternity benefit—30/- per case.

(3) Non-necessitous cases with income under 40/- per week, plus maternity benefit—42/- per case.

(4) Non-necessitous cases with income between 40/- and 50/- per week, plus maternity benefit—54/- per case.

(5) Non-necessitous cases with income between 50/- and 60/- per week, plus maternity benefit—68/- per case.

(6) Non-necessitous cases with income over 60/- per week, plus maternity benefit—95/- per case and upwards.

(7) Cases receiving two maternity benefits—20/- extra per case.

Scale of Contributions for Ante-natal, etc., Cases.

(1) Cases under necessitous scale—No charge.

(2) Non-necessitous cases with income under 40/- per week—4/- per week.

(3) Non necessitous cases with income between 40/- and 50/- per week—6/- per week.

(4) Non-necessitous cases with income between 50/- and 60/- per week—11/6 per week.

(5) Non-necessitous cases with income over 60/- per week—20/- per week and upwards.

NOTE.—In cases of exceptional hardship, the Medical Officer of Health may use his discretion in varying the above charges.

(17) Homes for Unmarried Mothers.
(19) Convalescent Homes.
(20) Boarding-out.
(21) Home Helps.
(22) Educational.
(23) Note of Other Agencies Associated with the Scheme.

The Scheme of the Local Authority does not include any special arrangements under the above headings. There is accommodation at Woodside House for unmarried mothers, and particulars of that work will be found later in the Report. A few cases of children under 5 years are sent each year for convalescent treatment to the Biggart Memorial Home, Prestwick.

(24) Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations (Scotland), 1929.

These regulations came into force on 1st October, 1929.

(1)	Total number of cases :—	
	(a) Puerperal Fever, ...	3
	(b) Puerperal Pyrexia, ...	29
(2)	Total number of cases removed to the Infectious Diseases Hospital :—	
	(a) Puerperal Fever, ...	3
	(b) Puerperal Pyrexia, ...	33
(3)	Total number of deaths :—	
	(a) Puerperal Fever, ...	0
	(b) Puerperal Pyrexia, ...	3
(4)	Number of cases of instrumental delivery :—	
	(a) Puerperal Fever, ...	1
	(b) Puerperal Pyrexia, ...	10
(5)	Number of deaths occurring under (4) :—	
	(a) Puerperal Fever, ...	0
	(b) Puerperal Pyrexia, ...	3

(6) Number of cases where the Local Authority provided assistance on the request of medical practitioners :—

	Puerperal Fever.	Puerperal Pyrexia.
(a) Consultant service, ...	0	0
(b) Bacteriological Examinations,	0	0
(c) Skilled nursing at home, ...	1	8
(d) Hospital treatment, ...	3	33

The Peter Brough Ditrict Nurses paid 87 visits to these 9 cases.

(25) Other Provisions.

Institutional accommodation is available at the Infectious Diseases Hospital for young children suffering from Pneumonia and Ophthalmia Neonatorum.

Midwives and Maternity Homes (Scotland) Act, 1927.

This Act came fully into operation on January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There are two registered Maternity Homes in the area. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to the Assistant Medical Officers and the staff of Health Visitors, who tackled their duties most effectively throughout the year. In view of her approaching marriage, Dr. Susan M. MacMurray resigned her post about the middle of the years, and was succeeded by Dr. Ida E. Ashby. Dr. MacMurray gave eight years' keen and conscientious service to her work and was a very pleasant and very loyal colleague.

PREVENTION AND CONTROL OF TUBERCULOSIS.

STAFF.—Administrative Medical Officer, 1 Clinical Tuberculosis Officer, 1 Tuberculosis Nurse, 1 Nurse for X-Ray and Artificial Sunlight Departments.

Dr. Charles M. Whiteford, Depute Medical Officer of Health, acts as Clinical Tuberculosis Officer and is responsible for all the clinical work under the scheme. Dr. Whiteford visits and examines all newly-notified cases, acts as Visiting Physician to the Infectious Diseases Hospital and the sanatorium wards at Craw Road Institution, and carries out the work at the Tuberculosis Dispensary, and the X-Ray and Artificial Sunlight Clinics. The great advantages of such continuity of medical supervision are, of course, obvious.

Incidence of the Disease.

The principal statistics for the year are as follows:—

Pulmonary Tuberculosis.—At the beginning of the year, there were 304 cases under observation; 112 cases were notified during the year; there were 61 deaths; at the end of the year, 270 cases remained under observation. 128 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.67 per thousand; in 1936 this rate was 0.60 per thousand; the average rate for the past 18 years is 0.76 per thousand.

The number of notifications was below the average number, which for the past 18 years is 118, but it was the highest number since the year 1932.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 272 cases under observation; 36 cases were notified during the year; there were 21 deaths; at the end of the year 292 cases remained under observation. 21 cases were removed to hospital.

The number of notifications of non-pulmonary tuberculosis was the lowest on record; it was well below the average number, which for the past 18 years is 70.

The death rate for all forms of tuberculosis was 0.90 per thousand; in 1936, this rate was 0.76 per thousand, the lowest rate on record; the average rate for the past 18 years is 1.06 per thousand.

Age Incidence of Cases Notified during 1936.

Age Periods	Pulmonary.	Non-Pulmonary.
Under 1 year,	1	5
1 to 5 years,	5	9
5 to 15 years,	3	7
15 to 25 years,	29	10
25 to 45 years,	49	3
45 to 65 years,	21	1
Over 65 years,	4	1

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:—

Abdomen,	8
Meninges,	5
Glands,	7
Bones,	3
Joint,	5
Spine,	4
Generalised,	1
Eyes,	0
Abscesses,	2
Genito-urinary,	1
Skin,	0

As regards occupation, the principal figures are as follows—

Scholars,	7
Houseworkers,	31
Labourers,	17
Threadworkers,	15
Factory Workers,	8
Engineers,	5
Clerks and Clerkesses,	9

Housing and Economic Factors.

The following table shows the relation of the housing and economic factors to the incidence of 117 cases notified and investigated during the year:—

Houses	No. of Cases.	P'c'tage. of Total Cases.	Average No. of Inmates.	Weekly Household Income. Under £2	Between £2 & £3	Over £3
1 apartment * (14.9%)	17	14.5	3.5	7	9	1
2 apartments, (50.3%)	55	47.0	4.4	8	21	26
3 apartments, (21.9%)	33	28.2	4.9	3	9	21
Over 3 apartments, (12.9%)	12	10.3	6.9	0	2	10

*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, death register cases, etc., numbered 31.

Investigation was also made regarding the sleeping accommodation of 117 cases notified during the year, and the results may be summarised as follow:—

(1) At the time of notification, 68 cases shared a bed.
(2) At the time of notification, 25 cases occupied a bed alone but shared a room.
(3) At the time of notification, 24 cases were the sole occupants of a room.

In recent years the opportunity has been taken—up to 1st June, 1938—to re-house 251 families in which there was a case of tuberculosis and who were living either in overcrowded or in insanitary houses. There are still about 250 applications for re-housing from tuberculosis families remaining to be dealt with, and it is hoped to get most of these families re-housed within the next few years, as the Local Authority have agreed to allocate 15 per cent. of their new houses to such cases.

Review of the Year's Work.

The work carried out during the year may be reviewed under three headings:—

(1) Domiciliary Treatment.
(2) Dispensary Treatment.
(3) Institutional Treatment.

Domiciliary Treatment.

Owing to the high percentage of one—and two—roomed houses in Paisley—65.2 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 30 cases receiving help in this way during 1937. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £72 11s. 1d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given

by certain voluntary agencies, whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect.

(1) **The James Clark Bequest Fund.**—This Fund is administered by the Directors of the Royal Alexandra Infirmary, Paisley. Weekly grants of money are given to supplement the household income in cases being treated at home; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1937 there were 55 recipients on the roll of this Fund, during the year 5 new cases received assistance, and at the end of the year 55 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £568.

(2) **The Renfrewshire Memorial to the late King Edward.**—This Fund is administered by an After-Care Committee representing all the Local Authorities in Renfrewshire, and is devoted to the welfare of tuberculous patients throughout the whole County area; recommendations for assistance are made by the Medical Officers of Health of the various Local Authorities. During 1937, 92 new applications were granted as follows:—19 patients received assistance in the shape of rent payments; 44 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment: 11 patients received dental treatment; 20 patients were provided with bed and bedding. £501 11s. was spent on these various services during 1937.

(3) **The United Services Fund, Earl Haig Fund, etc.**—These Funds are administered by the Paisley Ex-Servicemen's Advisory Committee, and are available for ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by War service, and where, therefore, no pension is granted. Applicants are usually recommended in the first place by the Public Health Department. Mrs. A. C. Wilson, honorary secretary and treasurer, reports that, during 1937, about £150 was spent on about 75 tuberculous ex-Servicemen and their dependents, providing clothing, bedding, furniture, and extra nourishment.

All applications for assistance from these various agencies are carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.

The Municipal Dispensary is held at the Russell Institute and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours.

I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1934	1935	1936	1937
Total Attendances, ...	2,106	1,750	1,526	1,309
Average Monthly Attendances,	175	146	127	109
Primary Consultations, ...	313	239	229	268

Of the new cases, 33 came to the Dispensary of their own accord, 124 were referred by medical practitioners, 69 by the Public Health Staff, 3 by the School Medical Officers, 3 from the Royal Alexandra Infirmary, while 36 patients were referred on their discharge from hospitals and sanatoria. It is noteworthy that 101 cases, or 68 per cent., were notified after consultation with Dr. Whiteford, and/or X-Ray examination.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 811 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight Treatment.

Dr. Whiteford, Clinical Tuberculosis Officer, again made systematic efforts during the year to determine finally the diagnosis of the many observation cases who had been on the Dispensary Register for a considerable period, and he was successful in removing from the Register 15 observation cases, and also 69 notified cases who no longer required supervision.

X-Ray Diagnosis.

The X-Ray Department at the Russell Institute is open for two sessions weekly—Monday forenoon and Thursday afternoon.

Dr. Whiteford's Report is as follows:—

"During 1937, the work of the Department kept at the high level established during the past few years. A total of 1,113 patients attended for diagnosis, compared with 1,130

during 1936. Local practitioners referred 253 cases; medical officers of the Burgh Health Department referred 435 cases; and 522 cases were referred by Renfrewshire County Health Department. A total of 1,463 plates taken during 1937 compares with 1,598 taken during 1936.

"The total number of patients plated in the Department remains high in spite of the fact that the County Tuberculosis Department relieves us of much extra work by the use of a portable X-ray apparatus.

"Sessions of the X-ray clinic are as formerly—11 a.m. on Mondays for bone and pelvis radiography; and 2 p.m. on Thursday for chest radiography and screening. The screening is done in connection with the Artificial Pneumothorax Clinic, control of lung collapse being maintained by regular screening, and a record being kept by periodic plating. Screenings during the year 1937 were—114 for burgh cases and 171 for county cases—a total of 285, compared with 262 during 1936.

"A tabular analysis of cases X-rayed in 1937 is subjoined:—

	Chest	Spine	Hip & Pelvis	Bones & Joints	Skull	Total Patients	Total Plates	Total Screenings
Practitioners' Cases, ...	243	5	3	2	—	253	468	—
Burgh Health Dept.	231	5	67	33	2	338	435	114
County Health Dept.	447	2	64	8	1	522	560	171
Totals, ...	921	12	134	43	3	1113	1463	285

"Full use of the diagnostic facilities of the X-ray Clinic was made by the various branches of the Burgh Health Services. Tuberculosis and Maternal and Child Welfare Schemes, and the various Municipal Hospitals.

Of the patients sent from Municipal Hospitals, there were 68 sent from the Infectious Diseases Hospital, 63 for chest conditions, and 5 for various bone lesions.

"From the Tuberculosis Ward at Craw Road Institution 29 cases were referred for X-ray diagnosis, 14 for chest conditions, and 15 for lesions of bone, etc.

"Also, under the Maternal and Child Welfare, Scheme, from the various clinics and from Barshaw Maternity and Child Welfare Hospital, 47 cases were sent, 46 for diagnosis of presentation or type of pregnancy, and one case for some lesion of bone.

"The table below gives an analysis of these hospital cases:—

Infectious Diseases	Chest.	Spine.	Hip and Pelvis	Bones and Joints.	Skull	Total Patients.
Hospital	63	—	1	4	—	68
Craw Road Hospital, ...	14	2	7	6	—	29
Barshaw Maternity Hospital, ...	—	—	46	1	—	47

"In this fashion the X-ray clinic acts as a co-ordinating factor between all the sources of the Public Health Department. Cases are sent from the various municipal hospitals: others are sent from the Maternity or Child Welfare Clinics: cases are also sent for investigation by local practitioners. All these enable the X-ray clinic to act as a clearing-house for various classes of suspect conditions requiring investigation.

"We have thus developed a team-work of great value to all departments, and medical supervision, instituted at the earliest possible moment, is continued in our various clinics, even after discharge from hospital."

Artificial Pneumothorax Treatment.

Artificial pneumothorax treatment of cases of pulmonary tuberculosis was started in 1931. It is generally agreed that in suitable cases this method of treatment gives more encouraging results than any others.

Dr. Whiteford's report is as follows:—

"Collapse of an affected lung by artificial pneumothorax is undertaken in selected cases in our hospitals, after careful consideration of the condition. Cases with disease confined to one lung, or with one of two lungs affected very little involved—such are eminently suitable for the treatment.

"Sanocrysm intravenously is used to reinforce the effect of the collapse, and during 1937 artificial pneumothorax, with or without sanocrysm, was performed in the case of ten hospital patients, nine being new cases, and seven of these being successfully induced.

"The outdoor Pneumothorax Refill Clinic catered for 12 ex-hospital patients. A total of 22 cases were under treatment and during the year 220 refills were given—76 in the case of hospital patients, and 144 in the case of clinic patients.

"The ten hospital patients comprised three patients continuing treatment from 1936, and seven new cases whose pneumothorax was instituted during 1937.

"The twelve ex-hospital cases included eight continuing from 1936 and four cases discharged from hospital during 1937.

"Below is a summary of the hospital cases:—

Serial No.

XIV. (J. M'P.)—Bilateral lesion. Severe hæmorrhage from uncollapsed lung. Died.

XVIII. (J. O'H.)—Bilateral lesion. Left pneumothorax and sanocrysin. Discharged to outdoor clinic. Well.

XIX. (J. D.)—Left-sided pneumothorax. Discharged to clinic. Well.

XXI. (N. K.) — Bilateral lesion. Left pneumothorax — pyothorax. Died.

XXII. (J. B.)—R-sided effusion. Air replacement. Discharged to clinic.

XXIII. (Mrs. J. G.)—R-sided pneumothorax.

XXIV. (J. D.)—R-sided pneumothorax. Discharged to clinic. Well.

XXV. (Mrs. C. F.)—R-sided pneumothorax. Fair progress.

XXVI. (J. G.) — L-sided pneumothorax and sanocrysin. Improving.

XXVII. (J. A.)—L-sided effusion—air replacement. Well.

"Each case was carefully considered; the question of inducing Therapeutic collapse of the lung was discussed with the patient, and by thus gaining the confidence and co-operation of the patient, permission was got in all cases for the induction.

"The outdoor cases attending the Pneumothorax Refill Clinic are summarised as follows:—

(g) (W. W.)—Well and working. Lung being allowed to re-expand.

(i) (M. B.)—Well and working. Lung being allowed to re-expand.

(k) (I. L.)—Well and working. Monthly refills.

(m) K. W.)—Well and working. Refills at long intervals.

(n) (C. A.)—Well and working.

(o) (Mrs. C. H.)—Well. Fortnightly refills.

(p) (M. M'G.)—Well. Lung being allowed to re-expand.

(q) (M. B.)—Well. Monthly refills.

(r) (J. D.)—Well. Refills at long intervals.

(s) (J. O'Hare)—Well. Monthly refills.

(t) (J. B.)—Well; working. Refills at long intervals.

"The care of hospital and outdoor cases is controlled by X-ray plating at intervals, and screening as a regular control.

The rationale of therapeutic collapse of the lung is that, by resting the collapsed lung just as a splinted limb is immobolised, there is less spread of disease in the affected lung, less upset of the patient by toxic absorption, less liability to temperatures, and a great diminution in the amount of cough and spit.

"All these results are got in practice, and cases, successfully launched on their period of artificial pneumothorax treatment, gave new hope and confidence, and often act as good propagandists towards their less optimistc fellow-sufferers."

Artificial Sunlight Treatment.

Artificial Sunlight Treatment of cases coming under the Tuberculosis Scheme was continued on the usual lines during 1937.

Dr. Whiteford submits the following report on the work:—

"Ultra-violet ray therapy, for the treatment of certain types of surgical tuberculosis, and cases likely to benefit from light treatment—e.g., suspect cases, contacts of tuberculous cases, etc.— is carried out at the Russell Institute. The installation used consists of two carbon arc lamps and four quartz-mercury-vapour lamps, one with a localising fitting for certain types of case—glands, lupus, etc.

"During the year 1937, there were 144 cases attending, as compared with 133 during 1936, 98 new cases and 46 cases continued from 1936. The 98 new cases comprised 71 non-pulmonary and 27 cases labelled "pre-tuberculous"; and of the 46 continuing from 1936, 32 were cases of non-pulmonary tuberculous and 14 were in the "pre-tuberculous" category. Exposures in 1937 were 3,647, as compared with 3,680 in 1936.

"The frankly tuberculous cases under treatment included tuberculous glands of neck and abdomen; tuberculosis of bones and joints; lupus and other skin conditions and a few nondescript cases judged to be of tuberculous origin. The category "pre-tuberculous" continues to be used as a comprehensive, if inexact, description of those cases of low standard of health, some of them contacts of actual cases of tuberculosis; many simply cases of poor vitality after some illness, e.g., pneumonia, treated in our local hospital and referred to the clinic for continued supervision and treatment.

"Below is a tabulated analysis of the year's work in the clinic:—

	Referred by Burgh Health Dept.		Referred by County Health Dept.		Referred by Medical Practitioners.	
	Cases continuing from 1936.	New Cases.	Cases continuing from 1936.	New Cases.	Cases continuing from 1936.	New Cases.
Pre-Tuberculous Cases. Non-Pulmonary Tuberculosis.						
Improved: Treatment suspended,	10	10	—	—	11	9
Treatment continued into 1938, ...	2	12	—	3	1	9
Ceased attendance prematurely, ...	3	12	3	2	1	14
Transferred to Hospital	1	—	—	—	—	—
Improved: Treatment suspended	5	6	—	—	6	1
Treatment continued into 1938, ...	1	8	—	—	1	6
Ceased attendance prematurely, ...	1	4	—	1	—	1
Transferred to Hospital, ...	—	—	—	—	—	—

"From the above table, it can be seen that the problem of the defaulter from treatment is still with us, both among new patients and among patients of longer standing, who might be expected to appreciate better the course of treatment, often lengthy, and frequently entailing some sacrifice of time and leisure on the part of the patient. Every effort is made to accommodate patients as regards time of attendance, and personal talks are made to stimulate an enthusiasm which may flag somewhat, if the course seems to be lasting longer than at first seemed likely. This is particularly the case in actual tuberculosis, long attendance often being necessary for the healing of sinuses, lupoid areas, etc.

Defaulters during 1937 among tuberculous cases were 33 out of 103, i.e., 32 per cent.; and among "pre-tuberculous"

cases 7 out of 41, i.e., 17 per cent. The figures for 1936 were 40 per cent. and 27.5 per cent. respectively.

"Below is a resume of the results in the various types of cases treated during the year 1937:—

	Improved; Treatment Suspended.	Treatment Continued into 1938.	Ceased Attendance Prematurely.	Transferred to Hospital.
Pre - Tuberculous cases (41), ...	18	16	7	—
Tuberculous Adenitis (62), ...	25	18	19	—
Tuberculosis of Abdomen (15), ...	5	4	5	1
Tuberculosis of Bones and Joints (11), ...	7	2	2	—
Lupus and Allied Conditions (9), ...	2	1	6	—
Other Conditions, (6), ...	1	2	3	—

"A course of treatment consists of two exposures weekly (in some cases three exposures) continued until twenty or more exposures have been totalled. Then a rest from U.V.R. of two to four weeks, followed, if necessary, by a continuation of the course is prescribed.

"Cases are reviewed at intervals of three to four weeks, and treatment adjusted according to circumstances. The results obtained are gratifying even in the face of the percentage of default."

Institutional Treatment.

The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment of pulmonary tuberculosis is that far too many cases are not notified—and therefore do not get the chance of institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 1,054 cases of pulmonary tuberculosis who died during the sixteen years, 1922 and 1937.

	No. of Cases.	Percentage of Total Deaths.
Notification first received from Registrar of Deaths, ...	138	13.1
Death occurring within 1 month of notification, ...	133	12.6
Death occurring within 1 to 3 months of notification, ...	144	13.7
Death occurring within 3 to 6 months of notification, ...	110	10.4
Death occurring within 6 to 12 months of notification, ...	110	10.4

In the remaining 419 cases—39.8 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 49.8 per cent. of the deaths from pulmonary tuberculosis since 1922 occurred within 6 months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

Institutional Accommodation Available for Paisley Cases.

Infectious Diseases Hospital.—30 beds, under the control of the Local Authority. This hospital serves as a "clearing house," where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge of Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation. The sanatorium ward at the new Infectious Diseases Hospital has proved very satisfactory, and the accommodation has been fully taxed.

The principal figures for 1937 are as follows:—

In hospital at beginning of year, 28—14 males, 14 females.
Admitted during the year, 91—45 males, 46 females.
Deaths during the year, 22—18 males, 4 females.

Craw Road Institution.—30 beds, under the control of the Joint Committee for the Management of Transferred Institutions. The Sanatorium Wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed to provide additional accommodation in the wards of the main hospital, and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; patients in the wards of the main hospital are transferred to the Sanatorium wards as soon as beds are available.

The principal figures for 1937 are as follows:—

In hospital at beginning of year, 32—21 males, 11 females.
Admitted during the year, 44—16 males, 28 females.
Died during the year, 15—11 males, 4 females.

Bridge-of-Weir Sanatorium.—Under voluntary control. Only carefully selected cases are sent to this Sanatorium, and the results are usually very satisfactory.

The principal figures for 1937 are as follows:—

In hospital at beginning of year, 7—3 males, 4 females.
Admitted during the year, 10—5 males, 5 females.
Deaths during the year, nil.

Peesweep Sanatorium.—18 beds, under the control of Renfrew County Council. In July, 1933, the management of the large Thread Mills in Paisley handed over this Institution to Renfrew County Council. 4 beds remain available for Paisley employees, the cost of treatment being borne by the Local Authority. No Paisley cases received treatment during the year.

Biggart Memorial Homes, Prestwick.—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for fresh-air treatment under close medical supervision; in most cases excellent results are obtained. 1 new case was admitted during the year.

St. Andrew's Home, Millport.—Under private control. This is a well-equipped and admirably managed Sanatorium, designed specially for the treatment of cases of non-pulmonary tuberculosis; Dr. J. H. Paul is the keen and enthusiastic medical superintendent. During 1937, 6 cases from Paisley received treatment.

Dr. Charles M. Whiteford, Clinical Tuberculosis Officer, and his staff are again to be heartily congratulated on an excellent record of work during the year. A noteworthy feature is the cordial co-operation of medical practitioners with Dr. Whiteford.

Dr. Whiteford resigned his post in April, 1938, consequent on his appointment to a public health post in West Suffolk. He had given very keen and conscientious service for eight years and was very popular with his colleagues, his patients and the general public. He was succeeded by Dr. Archibald J. Campbell, who had held a similar post in Greenock for three years.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows:—

(1) **Facilities for Laboratory Diagnosis.**—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.

(2) **Supplies of Salvarsan, etc.,** are available free of charge for the use of duly qualified medical practitioners.

(3) **Clinic for Outdoor Cases at Craw Road Institution.**

(4) **Ward accommodation in Craw Road Hospital.**

(5) **Educational and Publicity Campaign.**

Laboratory Diagnosis.—During the year 527 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total, 345 specimens came from the Municipal Clinic and the indoor wards, 91 from the Royal Alexandra Infirmary, and 91 specimens from medical practitioners. The staff at the Clinic examined 1,259 specimens and 120 specimens were examined in the laboratory at the Infectious Diseases Hospital. Total examinations, therefore, numbered 1,906.

Supplies of Salvarsan, etc., to Medical Practitioners.—115 doses were supplied during the year to 4 medical practitioners. 50 doses were also issued to the Royal Alexandra Infirmary.

Municipal Clinic for Outdoor Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The Staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, 1 part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients, while the Clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1937:—

(1) No. of New Cases, 272.

	Syphilis.	Gonorrhœa.	Soft Sore.	Non-Specific Venereal Infections.	Other Diseases.	Total.
Males, ...	52	119	8	14	32	225
Females,	10	27	0	0	10	47
	62	146	8	14	42	272

(2) Total attendances, 13,516.

Males, ...	2185	8059	114	112	159	10629
Females,	892	1952	0	0	43	2887
	3077	10011	114	112	202	13516

(3) Average daily attendances, 38.1.

(4) Cases from outwith Paisley, 55.
Johnstone, 14; Renfrew, 11; Barrhead, 5; Greenock, 2; Renfrew County, 18; Glasgow, 4; Yorkshire, 1.

(5) Laboratory Work.

Specimens examined by Staff of Clinic, ...	1,259
Specimens sent to Glasgow Laboratory, ...	345
Total, ...	1,604

As compared with 1936, new cases showed an increase of 40; new cases of syphilis, 62, were above the average number (43), while new cases of gonorrhoea, 146, were also above the average number (120).

The increase in cases of gonorrhœa among women during the last six years has been rather striking, and is probably partly accounted for by the extra evening Clinic for female patients opened in January, 1930, and partly by more active co-operation with the Maternal and Child Welfare medical staff.

Total attendances were 13,516, as compared with the total of 12,733 for 1936.

The average daily attendances were 38.1, as compared with 35.5 for 1936, 36.5 for 1935, and 40.4 for 1934.

The number of laboratory specimens examined by the Staff was well above the average figure; this work, chiefly carried out by the experienced male orderly, saves the Local

Authority an appreciable sum of money each year. During the year the Local Authority lost a very faithful servant by the death of Mr. M'Geechan, who had acted as male orderly since the inception of the scheme in 1922. He was succeeded by Mr. Wm. Riddoch.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for acute cases in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock. Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of these patients.

During 1937, 65 patients received treatment, as compared with 57 during 1936; the average number for the past fifteen years is 52. Of the total 49 were Paisley cases, 7 were Greenock cases, 3 were Renfrew County cases, 3 were Renfrew Burgh cases, 2 were Barrhead cases, and one was from Port-Glasgow.

A welcome feature of the work in these wards was that 4 infants were born there during the year.

Dr. Charles M. Whiteford, Clinical Venereal Diseases Officer, is again to be congratulated on a fine record of work. I have also to record my continued indebtedness to Dr. George Millar, the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

HOUSING OF THE WORKING CLASSES.

During 1937, 341 new Corporation houses were completed and occupied as compared with the record total of 684 houses in 1936. The new houses were distributed as follows:—Green Road (8); Ferguslie Park (116); Westmarch (217). In addition, 34 houses were built by private enterprise. During the year, 51 uninhabitable houses were closed under Section 16 of the 1930 Act, 6 were closed by arrangement with the owners, 19 were closed under demolition orders, while other 30 houses were closed for the purposes of street improvement. The total number of houses closed during the year was 106.

Housing progress since the year 1919 can be judged by the table given below, for which I am indebted to Mr. James Lee, Master of Works.

Number of Houses erected and occupied within the Burgh, 1919 to 1937.

Year.	Erected by— Private Enterprise.						Local Authority.					Grand Total
	2-apt.	3-apt.	4-apt.	5-apt.	Over 5.	Total.	2-apt.	3-apt.	4-apt.	5-apt.	Total.	
1919,	.....	2	.....	.....	.....	2	.....	.....	.....	—	—	2
1920,	.....	3	1	1	.....	5	.....	.....	.....	—	—	5
1921,	.....	1	.....	1	1	3	.....	92	.....	.....	92	95
1922,	.....	.....	3	2	.....	5	.....	86	38	.....	124	129
1923,	.....	.....	4	14	3	21	.....	102	52	—	154	175
1924,	1	9	9	13	9	41	48	66	.....	.....	114	155
1925,	.....	23	20	35	1	79	120	62	.....	.....	182	261
1926,	.....	6	5	21	3	35	72	76	.....	.....	148	183
1927,	.....	7	17	39	2	65	182	186	.....	.....	368	433
1928,	.....	9	18	26	4	57	233	275	.....	.....	508	565
1929,	2	4	24	26	5	61	208	214	.....	—	422	483
1930,	.....	1	9	9	.....	19	238	.....	.....	.....	238	257
1931,	.....	5	13	12	1	31	46	174	.....	.....	220	251
1932,	.....	10	3	7	.....	20	90	132	36	.....	258	278
1933,	.....	2	9	20	.....	31	96	212	102	.....	410	441
1934,	2	2	2	1	.....	7	145	180	60	.....	385	392
1935,	3	2	13	7	.....	25	121	447	90	.....	658	683
1936,	.....	.....	10	.....	2	12	20	536	124	4	684	696
1937,	.....	6	14	9	5	34	.....	241	76	24	341	375
Total,	8	92	174	243	36	553	1619	3081	578	28	5306	5859

As regards uninhabitable houses, Mr. Wm. Young, Chief Sanitary Inspector and Executive Officer, under the Housing Acts, reports that, in the course of inspection, during the year, there were discovered 233 houses which were unfit for human habitation. Of these 70 were closed, 22 had the necessary repairs carried out, 6 were closed by arrangement with the owners, leaving 135 uninhabitable houses to be dealt with whenever rehousing accommodation is available.

Rehousing Schemes.—At the end of the year, 2,192 houses were in course of erection, mainly at the Westmarch and Ferguslie Park schemes. The Local Authority have also submitted proposals for a further scheme for 1,710 houses at Gallowhill. They are anxious to get ahead with their programme, but the difficulties referred to in last year's report still obtain—shortage of labour and the great increase in the cost of materials—and it is not easy to see how these difficulties can be overcome.

During the year, the Local Authority passed a resolution defining an area in the South district of the town as a proposed re-development area in terms of Section 13 of the 1935 Housing Act. This area comprised 65 properties of 402 occupied houses, 133 of one apartment, 244 of two apartments, 18 of three apartments, and 7 of four apartments. Of the total of 377 one and two apartment houses, 192 or 47.76 per cent. of the total houses in the area were overcrowded. Objections were lodged by the proprietors of 14 properties, and, in accordance with the Act, a Public Inquiry was held on 2nd March, 1938, by Sheriff R. H. Maconochie, K.C., the Commissioner appointed by the Department of Health for Scotland. To date, the decision of the Commissioners has not yet been given.

The nurse inspectors, appointed in 1936 to assist in the care and management of the various housing schemes, have been busily engaged in their important duties, and interesting details of their work will be found in the latest annual report of the Chief Sanitary Inspector. As pointed out last year, the principal duty of these nurse inspectors is health education in the widest sense of the term, and the justification of their appointment will depend chiefly on that aspect of their work.

Overcrowding.—The work carried out by the Local Authority to relieve overcrowding from the date of the housing survey to the end of the year, 1937, is shown in the subjoined report:—

Copy. *Housing Form No. 36.

* This form applies in the case of districts where the "appointed day" has NOT been fixed.

Name of Local Authority—PAISLEY.

Housing (Reports on Overcrowding) Regulations (Scotland) 1937.

Report for the Year Ended 31st December, 1937.

A.	No. of cases of overcrowding relieved as a result of action taken by the Local Authority and number of persons concerned, from date of survey to end of 1937, ...	1,083 cases, 5,771 persons.
B.	(a) No. of houses of each size (i.e., one apartment, two apartment, etc.), in which overcrowding has been relieved during the same period as a result of action taken by the Local Authority, distinguishing between (1) privately-owned houses, and (2) Local Authority Houses, ...	(1) **Privately-owned Houses:** 1 apt., 294; 2 apt., 580; 3 apt., 65; 4 apt., 2. (2) **Local Authority Houses:** 1 apt. (sub-tenants), 9; 2 apt., 108; 3 apt., 23; 4 apt., 2.
	(b) Total number of overcrowded families included in (1) and (2) who have been re-housed in privately-owned houses, ...	82.
C.	No. of known cases in which dwelling-houses in respect of which the Local Authority have relieved overcrowding have again become overcrowded, ...	115.
D.	Are steps taken to secure that the re-housing of families living under the worst conditions as regards overcrowding or otherwise living under unsatisfactory housing conditions is provided for first?	Yes.
	If so, give details of system under which families are selected for occupation of new or vacated Local Authority houses, ...	See Rule 4 of the enclosed copy of Allocation Rules.
E.	Any observations with regard to the general position of overcrowding in the district. ...	

Overcrowding is being dealt with as quickly as the completion of new houses permits.

In the schemes now in course of erection, the higher proportion of 4-apartment houses, and the erection of 5-apartment houses, will allow of a larger number of the worst cases of overcrowding being dealt with in the future, than has been possible in the past.

It has been found that a number of overcrowded families are unable to accept houses offered to them, as they cannot pay the rents at present being charged.

The policy of giving special consideration to tuberculous families—adopted in 1931—has been continued.

Co-operation with private factors continues to be satisfactory.

(Signed) G. V. T. McMICHAEL,
Medical Officer of Health.
Public Health Department,
14 Gilmour Street,
Paisley.

Date, 21st January, 1938.

The report shows that 1,083 overcrowded families have been re-housed, including 82 re-housed in privately owned houses. Of these, only 115 houses have again become overcrowded on being re-let. As has been pointed out in previous reports, the Local Authority must always keep in mind that the economic circumstances of the majority of overcrowded tenants, more especially the worst cases, require that the rents of the new houses to be provided should be fixed as low as possible.

MEAT INSPECTION—PUBLIC SLAUGHTER-HOUSE.

The Burgh Slaughter-house is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1937:—

Class of Animal.	Total Slaughtered.	Carcases totally Condemned.	Carcases partially Condemned.	Carcases in which organs only were Condemned.
Cattle, ...	7,127	168	316	1,065
Calves, ...	2,661	34	—	10
Sheep, ...	14,057	16	14	375
Swine, ...	13,788	33	105	575
	37,633	251	435	2,025

Of the 2,711 diseased animals, 1,576 were effected with Tuberculosis, of which 164 were totally condemned, and 311 partially condemned. The weight of meat condemned during the year was 52 tons, 14 cwts. During the year Mr. James Andrew, Burgh Veterinary Inspector, seized 10 cows in the Public Markets, post mortem examination at the Slaughter-house showed that the carcases were badly affected with pathological emaciation, and they were all totally condemned. Under Article 5 of the Tuberculosis Order of 1925, Mr. Andrew also seized 7 cows of which 6 were found to be affected with localised Tuberculosis, while 1 carcase was totally condemned. After consideration of the Special report by Mr. Cameron, the Local Authority have agreed to erect a new Slaughter-house on a new site, and plans are at present being prepared.

DIABETES — PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Thirteen patients were assisted in this way during 1937.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. William Young, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information:—

There are at present 15 registered cowsheds in the Burgh, the average number of cows kept being 362, and the average amount of milk produced being about 870 gallons daily. These were all inspected at least four times during the year, and a good standard of cleanliness is being maintained.

There are 63 retail dairies on the register; 29 shops for the sale of bottled milk; and 29 carts or other vehicles from outside areas registered to sell milk within the burgh. All these premises were systematically inspected during the year, 4-5 inspections being made for each dairy.

The daily consumpt of milk within the Burgh is approximately 6,113 gallons, made up of 3,316 gallons bulk milk, and 2,737 gallons bottled milk; the total bottled milk includes 45 gallons certified milk, 313 gallons Grade A (T.T.), 3½ gallons (T.T.) pasteurised, 1,646 gallons pasteurised milk, and 729 ordinary milk cooled and bottled. These figures represent a daily consumpt, per head of the population of about 2.00 gills—a low consumpt, and one which could well be increased with great benefit to the health of the community. Numerous experiments in recent years have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it.

During the year, the Renfrewshire Education Authority continued the arrangements for the daily supply of one-third of a pint of milk to school children at a reduced charge. In Paisley, the Public Assistance Committee continued to pay the cost of the daily ration in the case of children in necessitous circumstances. For this scheme over 269 gallons of Grade A (T.T.) milk and 47 gallons of Pasteurised milke are distributed daily. Samples of this milk are examined monthly. There can be nothing but praise for this national experiment which is bound to raise the standard of health of the school children.

During the year, 27 dairies were licensed to sell Certified and Grade A (T.T.) milk, and 26 for the sale of Pasteurised milk. The subjoined table shows the results of analysis of Graded Milks:—

		Bacteriological Examination.		Chemical Analysis		
		Bacterial content per c.c.	Coliform Bacilli per 1-10 c.c.	Milk Fat per cent.	Non-Fatty Solids per cent.	Total Solids per cent.
Certified Milk— 9 Samples.	Highest,	27,000	Absent 8	4.58	9.35	13.93
	Lowest,	400	Present 1	3.30	8.90	12.20
	Average,	7,278		3.85	9.08	12.93
Tuberculin Tested Milk— 27 Samples (at Schools)	Highest,	130,000	Absent 23	4.63	9.07	13.70
	Lowest,	200	Present 4	3.50	8.58	12.08
	Average,	18,311		3.84	9.04	12.88
Tuberculin Tested (Pasteurised) Milk — 4 Samples.	Highest,	24 000		4.07	8.83	12.90
	Lowest,	Sterile	Absent 4	3.30	8.80	12.10
	Average,	7,625		3.70	9.00	12 70
Pasteurised Milk— 11 Samples. (5 at Schools)	Highest,	8,000		3.85	9.05	12.90
	Lowest,	300	Absent 11	3.48	8.80	12.28
	Average,	2,741		3.61	8.98	12.59

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

No outbreak of disease spread by milk or milk products was reported during the year.

During the year, Mr. William Young, Executive Officer under the various Acts, continued routine bacteriological examinations of milk samples, as well as chemical analyses. He reports that 78 samples were thus tested during the year. Of these, 25 samples conformed to the standard and quality of Grade A milk; only 1 had a bacterial count of over 200,000 per c.c.; 22 contained B.Coli in 1/100 c.c., and 8 in 1/1000 c.c. The average bacterial count was 46,820, and the average milk fat content was 3.47 per cent. The results are communicated to the dairykeepers, who are willing and anxious to co-operate with Mr. Young in the production of clean and wholesome milk. The results of the examinations are subjoined:—

Sample No.	Date Sample Taken. 1937.	Where Sample Taken.	Where Produced.	Time of Sampling.	Milk Fat Content.	Bacterial Count per C.C.	Coliform Bacilli at	
							1/100 c.c.	1/1000 c.c.
1	January 19	Institution.	Country.	7.5 a.m.	3.79	7,000	–	–
2	January 19	Institution.	Country.	7.5 a.m.	3.50	11,000	+	–
3	January 19	Local Dairy.	Local.	6.25 a.m.	3.42	3,600	–	–
4	January 19	Local Dairy.	Local.	6.35 a.m.	3.60	38,000	+	–
5	January 19	Local Dairy.	Local.	6.45 a.m.	3.62	12,000	–	–
6	January 19	Local Dairy.	Local.	6.50 a.m.	3.52	16,000	–	–
16	February 16	Local Dairy.	Local.	6.25 a.m.	3.65	41,000	–	–
17	February 16	Local Dairy.	Country.	6.30 a.m.	3.11	15,000	–	–
18	February 16	Local Dairy.	Local.	6.40 a.m.	3.15	44,000	–	–
19	February 16	Local Dairy.	Country.	6.45 a.m.	3.15	42,000	–	–
20	February 16	Local Dairy.	Country.	6.50 a.m.	3.32	150,000	–	–
21	February 16	Local Dairy.	Local.	7.0 a.m.	3.42	25,000	–	–
39	March 16	Local Dairy.	Country.	6.10 a.m.	3.56	5,250	–	–
40	March 16	Local Dairy.	Country.	6.15 a.m.	3.40	2,450	–	–
41	March 16	Local Dairy.	Local.	6.20 a.m.	3.42	10,500	+	–
42	March 16	Local Dairy.	Local.	6.35 a.m.	3.82	3,900	–	–
43	March 16	Institution.	Country.	7.5 a.m.	3.05	1,800	–	–
44	March 16	Institution.	Country.	7.5 a.m.	3.60	4,500	–	–
58	April 13	Local Dairy.	Local.	6.25 a.m.	3.68	17,000	+	–
59	April 13	Local Dairy.	Local.	6.35 a.m.	3.52	6,400	–	–
60	April 13	Local Dairy.	Country.	6.45 a.m.	3.95	3,600	+	–
61	April 13	Local Dairy.	Local.	6.55 a.m.	3.25	16,000	+	–
62	April 13	Local Dairy.	Country.	7.0 a.m.	3.50	5,200	–	–
63	April 13	Local Dairy.	Country.	7.10 a.m.	3.00	22,000	–	–
81	May 18	Local Dairy.	Local.	6.15 a.m.	3.83	110,000	–	–
82	May 18	Local Dairy.	Local.	6.25 a.m.	3.05	7,000	+	–
83	May 18	Local Dairy.	Local.	6.37 a.m.	3.21	37,000	–	–
84	May 18	Local Dairy.	Local.	6.45 a.m.	3.27	22,000	+	–
85	May 18	Institution.	Country.	6.55 a.m.	3.40	143,000	–	–
86	May 18	Institution.	Country.	6.55 a.m.	3.21	152,000	–	–
97	June 15	Institution.	Local.	7.50 a.m.	3.36	158,000	–	–
98	June 15	Local Dairy.	Local.	6.35 a.m.	4.00	120,000	+	+
99	June 15	Local Dairy.	Country.	6.40 a.m.	3.33	21,000	–	–
100	June 15	Local Dairy.	Local.	6.45 a.m.	3.31	51,000	–	–
101	June 15	Local Dairy.	Country.	6.50 a.m.	3.15	50,000	–	–
102	June 15	Local Dairy.	Country.	6.55 a.m.	3.65	123,000	+	–
103	June 15	Local Dairy.	Local.	7.0 a.m.	3.20	138,000	–	–
115	July 6	Local Dairy.	Country.	7.10 a.m.	3.80	17,500	+	–
116	July 6	Local Dairy.	Country.	7.15 a.m.	3.05	3,600	–	–

Sample No.	Date Sample Taken. 1937.	Where Sample Taken.	Where Produced.	Time of Sampling.	Milk Fat Content.	Bacterial Count per C.C.	Coliform Bacilli at	
							1/100 c.c.	1/1000 c.c.
117	July 6	Local Dairy.	Local.	7.18 a.m.	3.71	14,000	−	−
118	July 6	Local Dairy.	Local.	7.25 a.m.	3.18	85,000	−	−
119	July 6	Institution.	Country.	6.50 a.m.	4.45	61,000	+	+
120	July 6	Institntion.	Country.	6.50 a.m.	3.52	82,000	+	−
121	July 6	Institntion.	Local.	8.15 a.m.	3.39	110,000	+	+
139	August 17	Local Dairy.	Local.	6.40 a.m.	4.38	449,000	+	−
140	August 17	Local Dairy.	Local.	6.45 a.m.	3.13	43,000	+	−
141	August 17	Local Dairy.	Local.	6.55 a.m.	3.00	75,000	+	+
142	August 17	Local Dairy.	Local.	7.5 a.m.	3.22	23,500	−	−
143	August 17	Local Dairy.	Country.	7.20 a.m.	3.38	125,000	−	−
144	August 17	Local Dairy.	Country.	7.35 a.m.	3.10	44,000	−	−
160	Sept. 14	Local Dairy.	Country.	7.5 a.m.	3.85	9,000	−	−
161	Sept. 14	Local Dairy.	Local.	7.10 a.m.	3.60	10,000	−	−
162	Sept. 14	Local Dairy.	Country.	7.15 a.m.	3.45	13,000	+	+
163	Sept. 14	Local Dairy.	Country.	7.20 a.m.	3.28	22,000	−	−
164	Sept. 14	Local Dairy.	Country.	7.25 a.m.	3.84	27,000	−	−
165	Sept. 14	Local Dairy.	Local.	7.35 a.m.	3.65	4,000	−	−
166	Sept. 14	Institution.	Local.	8.10 a.m.	3.32	18,000	−	−
169	Sept. 15	Local Dairy.	Country.	10.0 a.m.	3.60	600	−	−
194	October 19	Local Dairy.	Local.	6.20 a.m.	3.13	18,900	−	−
195	October 19	Local Dairy.	Country.	6.35 a.m.	3.13	4,600	−	−
196	October 19	Local Dairy.	Local.	6.40 a.m.	3.57	30,600	+	+
197	October 19	Local Dairy.	Country.	6.50 a.m.	3.55	14,400	−	−
198	October 19	Local Dairy.	Country.	7.0 a.m.	3.60	167,600	+	+
199	October 19	Local Dairy.	Country.	7.5 a.m.	3.42	109,000		
200	November 16	Local Dairy.	Country.	6.5 a.m.	3.92	22,400	−	
201	November 16	Local Dairy.	Country.	6.10 a.m.	3.10	82,600	−	
202	November 16	Local Dairy.	Local.	6.15 a.m.	3.78	7,000	+	
203	November 16	Local Dairy.	Local.	6.25 a.m.	3.42	58,000	+	+
204	November 16	Institution.	Country.	6.55 a.m.	3.50	11,200	−	
205	November 16	Institution.	Country.	6.55 a.m.	3.24	30,600		
224	December 14	Local Dairy.	Country.	6.20 a.m.	3.55	23,000		
225	December 14	Local Dairy.	Local.	6.25 a.m.	3.12	4,000		
226	December 14	Local Dairy.	Local.	6.40 a.m.	3.60	11,500		
227	December 14	Local Dairy.	Local.	6.40 a.m.	4.58	44,600		
228	December 14	Institution.	Country.	7.5 a.m.	3.36	19,000		
229	December 14	Institution.	Country.	7.5 a.m.	3.55	28,000		
230	December 14	Local Dairy.	Country.	8.45 a.m.	3.50	3,000		
232	December 14	Institution.	Local.	8.15 a.m.	3.54	90,600		

WATER SUPPLY.

No change took place in the general water supply arrangements of the town, which is of good quality and adequate for present requirements, as borne out by the following particulars of the reservoirs:—

	Depth. Feet.	Inches.	Capacity. Cubic Feet.
Barcraigs Reservoir, ...	36	0	196,852,050
Camphill Reservoir, ...	70	0	116,766,880
Rowbank Reservoir, ...	33	5	78,074,248
Stanely Reservoir, ...	31	1	31,891,051
Glenburn Reservoir, ...	28	0	12,651,204
Harelaw Reservoir, ...	20	0	14,248,313
			450,483,746

This gives a storage capacity equal to 217 days' supply, and the lowest quantity in store during the year was equal to 164 days' supply. There are 27 filters and 6 tanks, and the consumpt within the whole water supply district was at the rate of 33¼ gallons per day per head of the population for domestic purposes, and 81½ gallons for all purposes.

Samples of the water are now taken every month at the Stanely Filter and in the town, and are subjected to chemical and bacteriological examination. The reports of the analysts show that the water continues to be of excellent quality and suitable in every respect for a public supply.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

During 1934 the Local Authority decided to proceed with their scheme for the purification of the sewage of the Burgh, which had been postponed consequent on the national economic crisis of 1931. Mr. James Lee, Master of Works, has been entrusted with the execution of the scheme and the work is being carried out as quickly as possible.

Mr John M. Craig, Inspector of Cleansing, reports that during the year ending 15th May, 1937, the Refuse Destructor dealt with 25,532 tons of refuse, the daily average being 83½ tons.

FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 106 workshops on the register, and 119 inspections were made of those most requiring attention. Two notices were received from H.M. Inspector of Factories and received immediate attention.

In terms of the Home Work Order, 12 lists of outworkers were received; 7 in February, relating to 34 outworkers. and 5 in August relating to 37 outworkers, of whom 69 were employed within the burgh and 2 outwith. Tow lists regarding outworkers were sent to the authorities of the districts where they were employed, and 2 lists were received from another authority. Inspection of such premises disclosed nothing calling for special attention.

There are 56 bakehouses in the Burgh, none of which are underground. 3 notices were received from H.M. Inspector of Factories regarding limewashing of premises, and received immediate attention.

LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.

I subjoin copies of the various Returns which have been called for by the Department of Health for Scotland, and which relate to the Health and Institutional Services administered by the Local Authority:—

BURGH OF PAISLEY. Health Services: Form 4.

RETURN: Year 1937.

Medical, Dental Nursing, Sanitary, Veterinary, and Analyst Staffs of the Council, exclusive of the staffs of hospitals.

Designation.	Name (except where otherwise indicated).	Duties.
MEDICAL STAFF:		
1. Medical Officer of Health	Dr. G. V. T. M'Michael.	Medical Officer of Health, Medical Superintendent of Municipal Hospitals, Police Surgeon.
2. Deputy Medical Officers of Health	Dr. Charles M. Whiteford.	Depute Medical Officer of Health, Depute Police Surgeon, Clinical Tuberculosis Officer, Clinical V.D. Officer.
3. Assistant Medical Officers of Health (whole-time)	Dr. Margt. C. Gibson.	Senior M. & C. W. Officer. R.M.O., Barshaw Maternity Hospital.
	Dr. Ida E. Ashby.	Junior M. & C. W. Officer.
	Dr. George H. Hall.	Senior { R.M.O., Infectious
	Dr. John Allison.	Junior { Diseases Hospital.
		Both Officers also conduct M. & C. W. Clinics, T.B. Dispensaries, etc., as required.
4. Consultants and Specialists (exclusive of those retained only for duty in the Council's hospitals	Dr. Donald M'Intyre.	Consultant Obstetric Surgeon for Puerperal Fever and Puerperal Pyrexia Regulations.
5. Local Medical Officers (part-time) for Poor Law and other local health services; give *number* only, but specify nature of duties.	4	Act as District Medical Officers and Public Vaccinators.
	1	Attends Public Assistance Offices and Certifies Applicants for Relief.
DENTAL STAFF:		
1. Dentists:		
(*a*) Whole-time ...		Dental work under the M. & C. W. Scheme is carried out at the Russell Institute, Paisley, by the whole-time Dental Staff of the Education Committee of the Renfrew County Council.
(*b*) Part-time (Number only).		
2. Dental Dressers (Number only.		
3. Dental Mechanics (Number only).		
NURSING STAFF:		
1. Superintendent of Nurses	——	——
2. Health Visitors and Nurses:		
Whole-time (Number only).	6	M. & C. W. Scheme and Epidemic work.
Part-time (Number only).	1	Tuberculosis Scheme.
SANITARY STAFF:		
Sanitary Inspectors (whole-time).	William Young.	Chief Sanitary Inspector.
Assistants:		
Whole-time (Number only)	7	All Duties.
Part-time (Number only)	——	——
PUBLIC ANALYSTS (state if whole-time).	Mr. Robert M'Farlane Clark, Glasgow.	Part-time.
VETERINARY STAFF (state if whole-time):		
1. Veterinary Inspectors ...	James Andrew.	Part-time.
2. Meat Inspectors ...	Hugh Cameron.	Also Superintendent of Slaughter-house.
3. Detention Officers (Number only).	2	Superintendent and Depute Superintendent of Slaughter-house.

CLINICS, DISPENSARIES AND LABORATORY SERVICES.

A.—CLINICS AND DISPENSARIES.

Location (See Note 1 below).	Days and Times of Session.	AVAILABLE FOR						Other Services. *e.g.*, Psychiatric. (Specify).
		Expectant Mothers.	Post-natal Cases.	Pre-school Children. (See Note 2 below.)	School Children.	Tuber-culosis.	Venereal Diseases.	
Russell Institute—								
(M. & C. W. Dept.)	Mon., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Mon., 2 p.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Tues., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Tues., 2 p.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Wed., 10.30 a.m.	T.A.	—	—	—	—	—	Artificial Sunlight Treatment is available for all patients attending the M. & C. W. Clinics.
,, ,, ,, ...	Wed., 2 p.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	—	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	T.A.	—	—	—	—	
,, ,, ,, ...	Fri., 10.30 a.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Fri., 2 p.m.	—	T.A.	T.A.	—	—	—	
Barshaw Hospital	Mon., 2 p.m.	T.A.	—	—	—	—	—	
Russell Institute (T.B. Dept.) ...	Tues., 2 p.m.	—	—	—	—	T.A.	—	
,, ,, ,, ...	Wed., 2 p.m.	—	—	—	—	T.A.	—	For Artificial Sunlight cases.
,, ,, ,, ...	Fri., 2 p.m.	—	—	—	—	T.A.	—	
Russell Institute (X-Ray Dept.) ...	Mon., 11 a.m.	A.	—	A.	—	A.	—	Also serve area of Renfrew County Council.
,, ,, ,, ...	Thurs., 2 p.m.	A.	—	A.	—	A.	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	—	—	—	T.A.	—	For Artificial Pneumothorax cases.
Special Treatment Centre—								
Craw Road Institution	Tues., 5.30 p.m.	—	—	—	—	—	T.A. (males)	
,, ,, ,, ...	Wed., 10.30 a.m.	—	—	—	—	—	T.A. (females)	Also serve area of Renfrew County Council.
,, ,, ,, ...	Wed., 8 p.m.	—	—	—	—	—	T.A. (males)	
,, ,, ,, ...	Fri., 5.30 p.m.	—	—	—	—	—	T.A. (females)	

NOTES—(1). (a) Distinguish between clinics provided and maintained by the Council and those conducted by other local authorities or by voluntary agencies, whether in the Council's area or elsewhere, which provide services under arrangement with the Council.

(b) If any of the clinics serve other areas, these areas should be stated.

(2). Indicate the service provided by entering under the appropriate heading, "T" if treatment is given, and "A" if advice only.

B.—Laboratory Services.

1. Services provided in laboratories maintained by the Council. (State location of laboratories—showing separately any maintained in combination with other councils—and also nature of services):—

A. **Laboratory, Infectious Diseases Hospital.**—All the routine bacteriological work of the Burgh is carried out at this laboratory—material from cases of Diphtheria, Enteric Fever, Dysentery, Venereal Diseases, Cerebro-spinal Fever, Puerperal Fever, Tuberculosis, etc. During 1937, the examinations numbered 4,267 specimens; the work is done by the two Resident Medical Officers.

B. **Laboratory, Special Treatment Centre, Craw Road Institution.**—The staff at the Special Treatment Centre carry out all the routine bacteriological examinations for cases of Venereal Diseases attending the Centre, excepting Wassermann Tests, which are carried out at the Municipal Laboratory of the City of Glasgow. During 1937, the examinations at the Centre numbered 1,259 specimens.

2 Services provided otherwise. (Give full particulars, including details as above):—

Specimens for special examinations, which cannot be carried out in the above local laboratories, are sent to the Municipal Laboratory of the City of Glasgow; such specimens include virulence tests in cases of Diphtheria, all Wassermann Tests, etc.

3. Note of services provided by the Council for other local authorities and for general practitioners in the areas of other authorities:—

Nil.

BURGH OF PAISLEY. Health Services: Form 8.

RETURN: Year 1937.

CARE OF THE SICK POOR.

1. **Domiciliary Medical Service.**—State whether provided through local medical officers, through a panel of practitioners or otherwise.
"The sick poor are attended to at home by four part-time District Medical Officers, each Officer attending to the patients in his own district; each District Medical Officer has to nominate an approved substitute who will act for him in his absence."

2. **Home Nursing Service.**
"A trained nurse is provided for suitable cases at home on the order of the District Medical Officers."

3. **Institutional Treatment.**—State names and locations of institutions, whether local authority or voluntary (other than poorhouses in the Council's area) in which sick poor from the Council's area are treated.
"Royal Alexandra Infirmary, Paisley; Royal Victoria Eye Infirmary, Paisley; Infectious Diseases Hospital, Paisley; Barshaw Maternity Hospital, Paisley; Ear, Nose and Throat Hospital, Glasgow."

4 **Specialist (including laboratory) services.**—State what arrangements exist for obtaining specialist assistance in (a) domiciliary, (b) institutional treatment of the sick poor, (i) in ordinary cases, (ii) in emergencies and (iii) for the review of conditions diagnosed as chronic.
"(a) Cases requiring specialist assistance are referred to the appropriate institutions."
"(b) The Visiting Surgeon, Visiting Physician and Visiting Tuberculosis Officer are responsible for specialist service for all institutional cases. Laboratory services are provided by the Municipal Laboratory at the Fever Hospital, by the Glasgow Corporation Laboratory (Wassermann Tests, etc.), and by the West of Scotland Neuro-Psychiatric Research Institute for Mental cases."

5. (a) **Supply of Drugs and Appliances.**

"Medicines and appliances are supplied on the prescriptions of the District Medical Officers, on National Health Insurance methods and tariffs."

(b) **Dentistry and Dentures.**

"Cases requiring dental treatment or dentures are referred to qualified dentists on the order of the District Medical Officers."

(c) **Sight-testing and Spectacles.**

"Spectacles are supplied to adults on the order of the District Medical Officer; special cases are referred to the Eye Infirmary, Paisley. School children are dealt with by the School Medical Service of the County Council of Renfrew, the cost being defrayed by the Public Assistance Committee."

Indicate any alterations that have been made in the institutional arrangements for the treatment of the sick poor during the year.

Nil.

STATISTICS.

The following figures for the year should be given, viz:—

	Males.	Females.	Children.	Total.
(a) Persons who received outdoor medical relief in the Council's area, ...	1974	2392	1523	5889
(b) Persons who received medical treatment **under the Poor Law** in:—				
(1) the Council's institutions, including combination institutions in which the Council has a share:				
Craw Road Institution, Paisley,	540	302	43	885
Woodside House, Paisley, ...	—	17	106	123
(2) other, including voluntary, institutions, ...	6	5	2	13
Totals, ...	2520	2716	1674	6910

Note.—Persons who in virtue of Section 14 (4) of the Local Government (Scotland) Act, 1929, received domiciliary or institutional treatment otherwise than under the Poor Law are not to be included in these figures.

Health Services: Form 1.

RETURN: Year 1937.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Craw Road Institution, Paisley.
2. Location of institution—Craw Road, Paisley.
3. Council, or Councils, in whom ownership is vested—Paisley Town Council and Renfrew Town Council.
4. State whether the institution is provided under
   (a) Public Health Acts;
   (b) Section 27 of the Local Government (Scotland) Act, 1929;
   (c) Poor Law Acts.
   Under Poor Law Acts, excepting certain classes of patients, e.g. Tuberculosis, Venereal Diseases, etc.
5. Outside areas from which patients are accepted by arrangement with other Councils.
   No arrangements with other Councils.
6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males.	Females.	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis, ...	16	11	—	27
(b) Non-respiratory tuberculosis, ...				
(c) Venereal diseases, ...	6	7	—	13
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases, ...	—	—	—	—
Maternity, ...				
Gynæcological, ...				
Orthopædic, ...				
Chronic Sick*, ...	91	83	—	174
General medical, ...				
General surgical, ...				
Psychiatric† Observation cases only, ...	6	6	—	12
Special departments (specify, e.g. eye, ear, nose and throat, dermatological —other than V.D.), ...	—	—	—	—

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions.
   There is no out-patient department. A few patients attend for ultra violet therapy and massage.

Statistics for the year to 31st December, 1937.

A. IN-PATIENTS.

1.	Total number of admissions,	1183
2.	Total number of patients discharged,	979
3.	Total number of deaths,	223
4.	Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of deaths and discharges),	33
5.	Number of beds occupied:	
	(a) Average during the year,	216
	(b) Highest 244, on 29th Jany. and 11th Feb.	
	(c) Lowest 193, on 20th August,	
6.	Number of surgical operations:	
	(a) Under general or spinal anæsthesia,	115
	(b) Other operations,	61

B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department, (U.V. Therapy, 14; Massage, 2)	16
2.	Total number of attendances in the out-patient department, (U.V. Therapy, 284; Massage, 55)	339

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
   There is a well-equipped operating theatre, with sterilizing room, attached to the Hospital Block of the Institution. The equipment is adequate for most major operations.
2. X-ray and physico-therapy equipment:—
   There is no X-ray installation, but patients are sent to the X-ray Department of the Royal Alexandra Infirmary, or, in the case of Tuberculosis patients, to the X-ray Department of the Russell Institute, Paisley. There is an artificial sunlight department equipped with three ward lamps and one Duo-theraphy Unit, comprising Alpine Sun and Sollux Lamps.
   A masseuse attends twice weekly at the Institution.
3. Orthopædic equipment:—
   Splints, plaster jackets, etc., are provided on the order of the Visiting Medical Officer.
4. Laboratory equipment:—
   A microscope, staining materials, etc., are at the service of the Medical Officers, but most of the bacteriological specimens are sent to the Municipal Laboratory at the Infectious Diseases Hospital, Hawkhead Road, Paisley. At the V.D. Clinic, all bacteriological work is carried out by the staff, excepting Wassermann tests,

which are sent to the Corporation Laboratory, Glasgow. Specimens from the mental wards are sent to the West of Scotland Neuro-Psychiatric Institute, Glasgow.

5. Any other special facilities (give details) :—
A Dentist is called in on the order of the Medical staff. Ophthalmic cases are referred to the Royal Victoria Eye Infirmary, Paisley.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer) :—
The Medical Officer of Health acts as Medical Officer to the Joint Committee responsible for the administration of the Institution.
2. State names and designation of other medical staff, whether resident, and whether whole-time officers :—
Dr. George Millar, Visiting Surgeon; part-time.
Dr. Wm. H. Gibson, Visiting Physician; part-time.
Dr. Charles M. Whiteford, Visiting Tuberculosis Physician; part-time.
Dr. Wm. A. Heggie, Senior Resident Medical Officer, whole-time.
Dr. May D. Anderson, Junior Resident Medical Officer, whole-time.
3. Arrangements for services of part-time medical staff—frequency of visits, etc. :—
Visiting Surgeon is responsible for surgical, gynæcological and venereal patients. Attends daily.
Visiting Physician is responsible for medical and mental patients. Attends daily.
Tuberculosis Physician, who is the local Clinical Tuberculosis Officer, visits three days weekly.
4. Arrangements for consultant and specialist services : —
Consultant and specialist services are available when required. Dr. M'Intyre for Gynæcological cases; Dr. Gilchrist for Ophthalmic cases, attended during the year.

B. NURSING.

1. State particulars of nursing staff under the following heads :—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses, unregistered).	Male Nurses.
Numbers, ...	1	13	21	4	2
Average number of hours of duty per week, ...		53hrs.	55hrs.	55hrs.	60hrs.

2. State whether the institution is approved for nurses' training :—
Yes. In conjunction with the Royal Samaritan Hospital for women, Glasgow.

Health Services: Form 1.

RETURN: Year 1937.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Woodside House, Paisley.
2. Location of institution—William Street, Paisley.
3. Council, or Councils, in whom ownership is vested—Town Council of Paisley.
4. State whether the institution is provided under
   (a) Public Health Acts;
   (b) Section 27 of the Local Government (Scotland) Act, 1929;
   (c) Poor Law Acts.
   Under Poor Law Acts, excepting certain classes of patients.
5. Outside areas from which patients are accepted by arrangement with other Councils.
   No arrangement with other Councils.
6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males.	Females.	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis,	—	—	—	—
(b) Non-respiratory tuberculosis,	—	—	—	—
(c) Venereal diseases,	—	—	—	—
(d) Smallpox,	—	—	—	—
(e) All other infectious diseases,	—	—	—	—
Maternity,	—	4	—	4
Gynæcological,	—	—	—	—
Orthopædic,	—	—	—	—
Chronic sick*,	—	—	—	—
Psychiatric†,	—	—	—	—
General medical,	—	—	—	—
General surgical,	—	—	—	—
Special departments (specify, e.g. eye, ear, nose and throat, dermatological—other than V.D.),	—	—	—	—
Children (fully 50% of beds are occupied by sick children),	—	—	66	66

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions:

There is no out-patient provision.

Statistics for the Year to 31st December, 1937.

A. IN-PATIENTS.

1.	Total number of admissions,	465
2.	Total number of patients discharged,	378
3.	Total number of deaths,	39
4.	Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges),	33
5.	Number of beds occupied:	
	(a) Average during the year,	37
	(b) Highest 67, on 23rd November, 1937.	
	(c) Lowest 24, on 10th August, 1937.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæthesia,	Nil
	(b) Other operations,	Nil

B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department,	Nil
2.	Total number of attendances in the out-patient department,	Nil

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
   There is no operating theatre provision. Cases requiring operation are transferred to the Hospital Wards in Craw Road Institution, Paisley.
   There is a well-equipped labour ward for maternity cases.
2. X-ray and physico-therapy equipment:—
   Cases requiring X-ray examination are referred to the X-ray department at the Royal Alexandra Infirmary, Paisley, or the Russell Institute, Paisley.
3. Orthopædic equipment:—
   Nil.
4. Laboratory equipment:—
   Nil. Specimens are sent to the Laboratory of the Burgh Infectious Diseases Hospital, Paisley.
5. Any other special facilities (give details):—
   A dentist is called in on the order of the Medical Staff.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer) :—
   The Medical Officer of Health is responsible for the administration of the Institution.
2. State names and designation of other medical staff, whether resident, and whether whole-time officers :—
   Dr. W. H. Gibson, Visiting Physician to Craw Road Institution, Paisley, acts as Visiting Medical Officer. He visits daily and is on call at other times.
3. Arrangements for services of part-time medical staff—frequency of visits, etc. :—
   Nil.
4. Arrangements for consultant and specialist services :—
   The Visiting Medical Officer may call on the services of a Consultant Obstetric Surgeon, etc., when considered necessary.

B. NURSING.

1. State particulars of nursing staff under the following heads :—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses, unregistered).	Male Nurses.
Numbers, ...	1	4	4	—	
Average number of hours of duty per week, ...	54½hrs.	54½hrs.	54½hrs.		

2. State whether the institution is approved for nurses' training :—No.

Health Services: Form 1.

RETURN: Year 1937.

HOSPITALS AND CONVALESCENT HOMES.

Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.

1. Name of institution—Barshaw Maternity and Child Welfare Hospital.
2. Location of institution—Glasgow Road, Paisley.
3. Council, or Councils, in whom ownership is vested—Town Council of Paisley.
4. State whether the institution is provided under
   (a) Public Health Acts. Yes.

(b) Section 27 of the Local Government (Scotland) Act, 1929. No.

(c) Poor Law Acts. No.

5. Outside areas from which patients are accepted by arrangement with other Councils—Nil.

6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males.	Females.	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis,	—	—	—	—
(b) Non-respiratory tuberculosis,	—	—	—	—
(c) Venereal diseases,	—	—	—	—
(d) Smallpox,	—	—	—	—
(e) All other infectious diseases,	—	—	—	—
Maternity,	—	30	—	30
Gynæcological,	—	—	—	—
Orthopædic,	—	—	—	—
Chronic sick*,	—	—	—	—
Psychiatric†,	—	—	—	—
General surgical,	—	—	—	—
General medical,	—	—	—	—
Special departments (specify, e.g. eye, ear, nose and throat, dermatological—other than V.D.),	—	—	—	—
Children's ward (for children under 5 years),	—	—	10	10

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions:—

A weekly ante-natal clinic is held at the hospital for cases referred by medical practitioners; if necessary, these cases are seen by the Consultant Obstetric Surgeon. Children requiring certain minor operations are treated as out-patients, are operated on during the forenoon, and sent home between 4 p.m. and 5 p.m. The Surgical Specialist also sees young children referred for diagnosis, etc., from the Child Welfare Clinics.

Statistics for the Year to 31st December, 1937.

A. IN-PATIENTS.

1.	Total number of admissions,	1161
2.	Total number of patients discharged,	1150
3.	Total number of deaths,	13

4 Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges), ... 11 days

5 Number of beds occupied:
(a) Average during the year, ... 35
(b) Highest 51, on 4th October, 1937.
(c) Lowest 18, on 1st and 5th August, 1937.

6 Number of surgical operations:
(a) Under general or spinal anæsthesia, ... 259
(b) Other operations, ... Nil.

B. OUT-PATIENTS.

Ante-Natal Clinic:
(a) Number of patients, ... 252
(b) Number of attendances, ... 2076

Out-patient children:
(a) Number of operations, ... 30
(b) Number of consultations with Surgical Specialist, ... 17

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
There is an operating theatre, fully equipped for:
(1) All obstetrical operations;
(2) Minor operations in children under 5 years.
2. X-ray and physico-therapy equipment:—
Cases requiring X-ray examination are referred to the X-ray Department, Russell Institute, Paisley.
3. Orthopædic equipment:—
Plaster and splints are available for cases admitted to the Children's Ward.
4. Laboratory equipment:—
There is no laboratory. Specimens are sent to the laboratory at the Burgh Infectious Diseases Hospital, Paisley.
5. Any other special facilities (give details):—
Nil.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer):—
The Medical Officer of Health acts as Administrative Medical Officer.
2. State names and designation of other medical staff, whether resident and whether whole-time officers:—
An Assistant Medical Officer of Health, Dr. Margaret C. Gibson, acts as Resident Medical Officer.

3. Arrangements for services of part-time medical staff—frequency of visits, etc.:—
   One member of the medical staff of the Public Health Department acts as "relief" to the Resident Medical Officer, and another member is always on call as Anæsthetist.
4. Arrangements for consultant and specialist services:—
   (a) A Consultant Obstetric Surgeon visits when called upon by the Resident Medical Officer; he carries out all major operations, etc.
   (b) The Surgical Specialist to the Children's Ward visits and operates one day per week and at other times when called on.

B. NURSING.

1. State particulars of nursing staff under the following heads:—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses (unregistered).	Male Nurses.
Numbers, ...	1	3 Sisters 6 Staff Nurses	7 Pupil Midwives	3	—
Average number of hours of duty per week, ...	57½hrs.	51½hrs. to 62½hrs.	51½hrs. to 62½hrs.	58hrs to 66hrs	

2. State whether the institution is approved for nurses' training:—
   The Hospital is approved by the Central Midwives Board for Scotland as a training school for pupil midwives.

Health Services: Form 1.

RETURN: Year 1937.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Burgh Infectious Diseases Hospital (opened 10/7/36).
2. Location of institution—Hawkhead Road, Paisley.
3. Council, or Councils, in whom ownership is vested—Town Council of Paisley.
4. State whether the institution is provided under
   (a) Public Health Acts. Yes.
   (b) Section 27 of the Local Government (Scotland) Act. 1929. No.

(c) Poor Law Acts. No.

5. Outside areas from which patients are accepted by arrangement with other Councils.
No arrangements with other Councils. Occasionally, cases from Renfrew County are accepted.

6. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds. Males	Females	Children.	Total.
Infectious diseases—				
(a) Respiratory tuberculosis, ...	15	15	—	30
(b) Non-respiratory tuberculosis, ...	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases, ...	—	—	—	151
Maternity, ...	—	—	—	—
Gynæcological, ...	—	—	—	—
Orthopædic, ...	—	—	—	—
Chronic sick*, ...	—	—	—	—
Psychiatric†, ...	—	—	—	—
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Special departments (specify, e.g. eye, ear, nose and throat—dermatological —other than V.D.), ...	—	—	—	—

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

7. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc., giving number, time and duration of sessions:—
There is no out-patient provision. Cases of young children requiring care or observation after discharge are referred to the Child Welfare Clinics, one session weekly being conducted by the Resident Medical Officer.

Statistics for the Year to 31st December, 1937.

A. IN-PATIENTS.

1. Total number of admissions, ... 1617
2. Total number of patients discharged, ... 1399
3. Total number of deaths, ... 199
4. Average duration of stay of patients included in 2 and 3 above (Total patient-days divided by the sum of the deaths and discharges):
   Tuberculosis, ... 122 days
   Other diseases, ... 26 days

5. Number of beds occupied:
   (a) Average during the year, ... 131
   (b) Highest 206, on 9/11/37.
   (c) Lowest 88, on 18/8/37.

6. Number of surgical operations:
   (a) Under general or spinal anæsthesia, ... 9
   (b) Other operations, ... Nil

B. OUT-PATIENTS.

1. Total number of persons seen in the out-patient department, ... Nil

2. Total number of attendances in the out-patient department, ... Nil

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment:—
   There is an operating theatre with full equipment for major operations.
   A sideroom in the Diphtheria Ward is used as an operating room for cases requiring tracheotomy.

2. X-ray and physico-therapy equipment:—
   There is no X-ray equipment, but suitable cases are referred to the X-ray Department at the Russell Institute, Paisley.
   There are two portable Artificial Sunlight Lamps, one reserved for the Tuberculosis Ward.

3 Orthopædic equipment:—Nil.

4. Laboratory equipment:—
   There is a bacteriological laboratory, where all the routine bacteriological work of the Burgh is carried out by the two Resident Medical Officers. Wassermann Tests are carried out in the Municipal Laboratory of the City of Glasgow.

5. Any other special facilities (give details):—Nil.

Staffing.

A. MEDICAL.

1. Medical Superintendent or Medical Officer (state name, qualifications, whether resident and whether whole-time officer):—
   The Medical Officer of Health acts as Medical Superintendent and Visiting Physician.

2. State names and designation of other medical staff, whether resident, and whether whole-time officers:—

Dr. George H. Hall, Senior Resident Medical Officer; Dr. John Allison, Junior Resident Medical Officer—Whole-time officers.

3. Arrangements for services of part-time medical staff—frequency of visits, etc.:—

The Clinical Tuberculosis Officer acts as Visiting Physician to the Tuberculosis Ward. He visits at least four times weekly.

4. Arrangements for consultant and specialist services:—

The Consultant Obstetric Surgeon at the Maternity Hospital visits cases of Puerperal Fever and Puerperal Pyrexia when called on by the Resident Medical Officer.

B. NURSING.

1. State particulars of nursing staff under the following heads:—

	Matron or Superintendent of Nurses.	Trained Nurses.	Probationers.	Assistant Nurses unregistered).	Male Nurses.
Numbers, ...	1	7 Sisters 9 Staff Nurses	30 5 Temp. Nurses	2	—
Average number of hours of duty per week, ...		48hrs. to 57¾hrs.	56½hrs. to 57¾hrs.	56½hrs. to 57¾hrs.	

2. State whether the institution is approved for nurses' training:—

Yes. Approved by the General Nursing Council for Scotland as a training school for Fever Nurses.

MEDICAL REPORT ON CRAW ROAD INSTITUTION.

In accordance with the instructions of the Department of Health for Scotland, I submit the annual report on the medical aspects of the administration of Craw Road Institution for the year 1937. I am much indebted to Dr. W. A. Heggie, Senior Resident Medical Officer, who has furnished me with the statistical data included in the report, and who has also been most helpful in giving his opinions on the adequacy of the medical services provided in the Institution.

The suitability of the Institution from a medical standpoint was reviewed a few years ago by the officers of the Department of Health for Scotland, who later issued a report on the various Institutional Services in the County of Renfrew It may be said that the present view of the Department is that no further hospital developments should take place at Craw Road Institution, but that any future extensions of general hospital accommodation should take place on the site of the new Infectious Diseases Hospital at Hawkhead. That official view must, therefore, be kept in mind in considering any future policy regarding the hospital accommodation at Craw Road. The Institution is now administered by a Joint Committee, 7 members from Paisley Town Council, and 3 from Renfrew County Council.

General Staffing and Organisation.—The administration of the whole Institution is in the capable and experienced hands of Mr. Hugh Black, the Governor.

Medical Staff.—There are two Resident Medical Officers who work under the direction of the Visiting Medical Staff. Dr. George Millar is the Visiting Surgeon. Dr. William Gibson is the Visiting Physician, and Dr. Whiteford, Clinical Tuberculosis Officer, acts as Visiting Physician to the Sanatorium Wards. The Visiting Surgeon and Physician visit the patients daily.

Medical Care of Inmates.—The various departments of the Institution are visited daily, and ordinary inmates have the opportunity of consulting the resident medical officers at a fixed hour twice daily. The inmates in the Ordinary Wards are examined and classified every quarter, the mental patients half-yearly.

Children and Young Persons.—Children and young persons who come under the care of the Public Assistance Department are admitted to Woodside House. Surgical cases admitted to Woodside House are usually transferred for treatment to Craw Road Institution. There are also children suffering from non-pulmonary tuberculosis in the Sanatorium Wards.

Diets.—All the diets in use are approved by the Department of Health for Scotland, and "extras" may be added at the discretion of the Medical Officers. In the Hospital Wards, the majority of patients require a number of "extras" to supplement their diet. During the latter six months of the year, these "extras" were incorporated in one of the approved diets for the Hospital patients. The result has been a more varied and more nourishing diet which is greatly appreciated by the patients. Other "extras" are of course still available, but are given only to those requiring a specialised diet. This change has worked very well and might be extended to other wards; it has the further advantage of lightening the clerical work attached to the ordering of the diets. The quality, quantity, and the cooking of food remain satisfactory.

Nursing Staff.—The staff of nurses is as large as the accommodation permits. The exchange of nurses with the Royal Samaritan Hospital for Women, Glasgow, continues to prove satisfactory. Lectures for nurses are given by the Resident Medical Officers and the Assistant Matron, and during the year, 3 nurses passed the Final examination, and 9 nurses the Preliminary examination, held by the General Nursing Council for Scotland.

The increasing demands of modern methods of treatment, together with the movement for better conditions for nurses, will make it necessary for the Joint Committee to face the question of an increase of the nursing staff in the near future.

Inmate Labour.—Towards the end of 1935, the Joint Committee agreed to dispense with inmate labour in the Hospital, and to replace it with a paid domestic staff as soon as the necessary accommodation could be provided. This welcome decision should help materially to raise the standard of the Municipal Hospital Service. Plans for the extra accommodation have been approved by the Department of Health, and the building is now in the course of erection.

Heating, Ventilation, and Equipment.—The heating, ventilation and equipment of the wards is generally satisfactory.

Dispensing of Medicines, etc.—The dispensing of medicines, etc., for the Hospital is carried out daily by the Resident Medical Officers.

X-Ray Diagnosis.—Where necessary patients in the ordinary hospital wards are referred for X-ray examination to the Royal Alexandra Infirmary; 79 cases were X-rayed during 1937 at a cost of £133. Tuberculosis cases are X-rayed at the Russell Institute, where during the year 14 cases were examined.

Massage and Artificial Sunlight Therapy.—A qualified masseuse attends twice weekly. In-patients are referred to her by the medical staff, and, from time to time, out-patients are referred by the Public Assistance Department.

During the year, four modern lamps for mercury vapour and infra-red therapy were installed. These have proved most beneficial in the treatment of other conditions besides Tuberculosis, e.g., the period of residence of certain types of skin diseases has been materially reduced.

Infectious Diseases.—Cases of infectious diseases are removed at once to the Burgh Infectious Diseases Hospital. Diseases of Skin are treated in a Special Ward in the Infirm Block.

Venereal Diseases.—There is a special ward for the treatment of acute cases who require indoor treatment and who are unable to attend as out-patients at the Special Treatment Clinic. An interesting feature of the work in this ward in recent years has been the admission of pregnant mothers suffering from venereal disease, and the results of treatment of such cases have been very satisfactory. During 1937, 4 mothers were confined in this ward and there were 4 live births. 113 specimens of blood were sent to the Public Health Department for Wassermann Tests.

Cancer.—Cases of cancer suitable for radium treatment may be transferred to the Cancer Hospital, Glasgow. 2 cases were treated in the Institution with radium loaned by the Royal Alexandra Infirmary.

Dental Service.—A local dental surgeon attends at the hospital weekly or when required, to treat patients referred

by the Medical Staff, and also some cases referred by the Public Assistance Department. During 1937, 56 cases received dental treatment.

Laboratory Services.—Pathological specimens are referred for examination to the following laboratories:—(1) Municipal Laboratory, Infectious Diseases Hospital, Paisley; (2) Corporation Laboratory, Glasgow; (3) West of Soctland Neuro-Psychiatric Research Institute, Glasgow.

Statistical Records.

The admissions, discharges, and deaths in connection with the Hospital, St. Margaret's Hospital, Sanatorium, and Observation Wards are shown in the following table:—

Sick List.

	M.	W.	B.	G.	Total
Resident at 31st December, 1936, ...	119	76	15	8	218
Admitted in 1937 (including transfers), ...	749	445	56	51	1301
Total under treatment, ...	868	521	71	59	1519

Discharged:—

	M.	W.	B.	G.	Total					
Cured, ...	230	139	41	33	443					
Improved,	326	140	14	12	492					
No Change,	89	63	5	4	161					
Died, ...	121	96	5	1	223					
						766	438	65	50	1319
Resident at 31st December, 1937,						102	83	6	9	200

CLASSIFICATION OF DISEASES.

Cardio-vascular System.

Arterio-sclerosis,	17	
Hyperpiesia,	21	
Cardiac Disease (all types),	104	
Cardio-vascular Degeneration and Senility,	64	
Aneurism,	1	
Senile Gangrene,	7	
Raynaud's Disease,	1	
Phlebitis,	2	
		217

Respiratory System.

Asthma,	22	
Bronchitis and Emphysema,	79	
Pneumonia. (a) Broncho-,	21	
(b) Lobar,	13	
(c) Influenza,	2	
Bronchiectasis,	1	
Pleurisy,	17	
Empyema,	1	
		156

Alimentary System.

Carcinoma of lips, tongue and mouth,	4	
Carcinoma of Oesophagus,	3	
Gastritis,	8	
Gastric and Duodenal Ulcers,	20	
Perforated Gastric Ulcer,	1	
Carcinoma of Stomach,	6	
Gastro-enteritis,	2	
Enteritis,	11	
Cholecystitis and Cholelithiasis,	4	
Cirrhosis of Liver,	2	
Appendicitis,	9	
Colitis,	2	
Carcinoma of Colon,	7	
Carinoma of Rectum,	8	
Hæmorrhoids,	9	
Fistula-in-ano,	2	
Chronic Constipation,	6	
		104

Genito-urinary System.

Nephritis,	14
Pyelitis,	1
Hydronephrosis,	3
Renal Calculus,	1
Uræmia,	3

Hypernephroma (carcinoma of kidney),	1	
Cystitis,	2	
Hypertrophy of Prostate,	10	
Carcinoma of Prostate,	2	
Urethral Stricture,	3	
Urethral Calculus,	1	
Eneuresis,	2	
Phimosis,	5	
Balanitis,	1	
Phagedena,	1	
Carcinoma of Penis,	1	
		51

Nervous System.

Cerebral Hæmorrhage,	32	
Cerebral Thrombosis,	2	
Cerebral Abscess,	1	
Cerebellar Abscess,	1	
Chorea,	2	
Disseminated Sclerosis,	5	
Epilepsy,	12	
Hemiplegia,	10	
Hysteria,	2	
Mental Deficiency,	6	
Neurasthenia,	5	
Neuritis,	7	
Parplysis Agitans,	5	
Post Encephalitis Lethargica,	1	
Progressive Muscular Atrophy,	2	
Senile Dementia,	2	
Sciatica,	4	
		99

Diseases of Bones and Joints.

Osteo-arthritis,	11	
Rheumatoid Arthritis,	10	
Osteo-myelitis,	5	
Hammer Toe,	1	
		27

Diseases of Eye and Ear, Nose and Throat.

Glaucoma,	1	
Panophthalmitis,	1	
Acute Tonsilitis,	20	
Enlarged Tonsils and Adenoids,	9	
Pharyngitis,	4	
Laryngitis,	1	
Peritonsillar Abscess,	2	
Acute Mastoiditis,	2	

Otitis Media,	4	
Carcinoma of Larynx,	1	
	—	45

Skin Diseases.

Dermatitis,	17	
Dermatitis Exfoliativa,	2	
Impetigo,	8	
Scabies,	9	
Urticaria,	1	
	—	37

General Diseases.

Alcoholism,	11	
Acidosis,	2	
Anæmia—(a) Pernicious,	3	
(b) Secondary,	12	
(c) Splenic,	1	
Debility,	21	
Diabetes,	6	
Exposure,	3	
Influenza,	30	
Marasmus,	1	
Myxoedema,	1	
Osteomalacia,	1	
Rheumatism,	30	
Scarlet Fever,	1	
Septicaemia,	1	
Tetany,	1	
	—	125

Miscellaneous Diseases.

Abscess and Cellulitis,	51	
Ulcers (Simple, Varicose, etc.),	19	
Cysts and Benign Tumours,	7	
Sarcoma,	2	
Herniae (all types),	10	
Lumbago,	8	
Fibrositis,	9	
Miscellaneous,	16	
	—	122

Midwifery and Gynaecology.

Abortions,	17	
Miscarriage,	3	
Pregnancy,	6	
Ectopic Pregnancy,	1	
Pyelitis of pregnancy,	1	
Pregnancy with cardiac disease,	2	
Hyperemesis Gravidarum,	1	
Contracted Pelvis,	1	

Births,	6	
Mastitis,	2	
Menorrhagia and Dysmenorrhœa,	2	
Uterine Displacements,	4	
Salpingitis,	3	
Carcinoma of Uterus,	2	
Carcinoma of Breast,	1	
	—	52

Venereal Disease.

Gonorrhœa,	13	
Syphilis,	8	
Epididymitis,	5	
Orchitis,	2	
Bubo,	5	
	—	33

Tuberculosis.

Pulmonary,	49	
Non-pulmonary,	29	
	—	78

Accidents.

Burns,	5	
Fractures—(a) Skull,	2	
(b) Other Bones,	27	
Dislocation,	2	
Minor Abrasions, Wounds, etc.,	21	
Sprains, Bruises, etc.,	8	
	—	65

No Abnormality. — 17

Mental Cases in Observation Wards.

	M.	F.	Total	
Alcoholism,	3	—	3	
Confusion,	2	3	5	
Delusional Insanity,	5	10	15	
Dementia Præcox,	1	2	3	
Epilepsy,	4	3	7	
Hysteria,	1	5	6	
Mental Depression,	1	9	10	
Mental Excitement,	4	1	5	
Menopausal Depression,	—	3	3	
Mental Deficiency,	3	4	7	
Post-traumatic Confusion,	1	—	1	
Senile Dementia,	7	1	8	
	32	41	—	73

The details of admissions and discharges were:—

	M.	F.	Total
Resident at 31st December, 1936,	3	2	5
Admitted during 1937,	32	41	73
	35	43	78

Discharged.	M.	F.	Total			
(a) Cured,	7	6	13			
(b) Improved,	8	10	18			
(c) No change,	4	6	10			
(d) Transferred to other mental Institutions,	12	15	27			
(e) Died,	—	1	1			
				31	38	69
Resident at 31st December, 1937,				4	5	9

Total cases admitted to Hospital, St. Margaret's Sanatorium, and Observation Wards, 1301.

OPERATIONS.

During the year 176 operations were performed, of which 51 may be classified as major operations. There was one post-operative death.

Operations performed:—

Appendicectomy,	10
Suture of Perforated Gastric Ulcer,	1
Cholecystostomy,	1
Splenectomy,	1
Colostomy,	5
Rectopexy,	1
Hæmorrhoidectomy,	3
Herniotomy,	4
Nephrectomy,	1
Cystostomy (supra-pubic),	3
Laparotomy (for abdominal pregnancy),	1
Cæsarean Section,	1
Dilatation and Curettage,	9
Phrenic Avulsion,	1
Rib Resection,	2
Thoracoplasty (extra-pleural),	3
Amputation of Leg,	3

Sigmoidoscopy, Cystoscopy, etc.,		13
Reduction of fractures, application of plasters, etc.,		21
Incision of Abscess, etc.,		32
Circumcision,		9
Insertion of Radium,		4
Blood Transfusion,		5
Removal of Tonsils and Adenoids,		12
Mastoid Antrotomy (Schwartze's),		2
Evisceration of Eye,		1
Miscellaneous,		27
		— 176

Anæsthetics Administered.

General, 109; Spinal, 6; Local, 28. No Anæsthetics required, 33. Total, 176.

ARTIFICIAL SUNLIGHT DEPARTMENT.

Treatments given during the year were as follows:—

	Carbon Arc.	Mercury Vapour.	Radiant Heat.	Total.
Hospital patients, ...	1140	237	208	1585
Private patients, ...	287	278	—	565
				2150

The number of hospital patients treated was 70, which included 26 cases of Tuberculosis. The conditions treated were as follows:—

Abscess and Cellulitis, ...			2
Arthritis (Rheumatoid and Osteo), ...			15
Bronchitis, ...			1
Eympema, ...			1
Pneumonia, ...			1
Cervical Adenitis, ...			3
Debility, ...			6
Lumbago, ...			1
Neuritis, Sciatica, etc., ...			6
Osteomyelitis, ...			1
Rickets, ...			1
Skin Diseases—Alopecia, ...	1		
Dermatitis, ...	1		
Impetigo, ...	2		
Lupus, ...	2		
	—		6
Tuberculosis — Abdominal, ...	4		
Abscess, ...	5		
Adenitis, ...	2		
Bone, ...	9		
Kidney, ...	2		
Pulmonary, ...	4		
	—		26
			— 70

DEATHS.

Total number of deaths, ... 223

Of this number 14 were moribund on admission.

Out of a total of 223 deaths, the number above the age of seventy was 121; the number between the age of sixty and seventy was 43; there were 9 deaths below the age of twenty.

Post-mortem examinations were performed in 9 cases.

The causes of death are classified as follows:—

Alimentary System.

Acute Appendicitis and Peritonitis, ...	2	
Cholecystitis, ...	1	
Hæmatemesis from Gastric Ulcer, ...	1	
	—	4

Cardiovascular System.

Cardiovascular Degeneration, ...	10	
Myocardial Degeneration, ...	47	
Endocarditis, ...	9	
Coronary Thrombosis, ...	1	
Heart Block, ...	1	
Purulent Pericarditis, ...	1	
Aortic Aneurism, ...	1	
Hyperpiesia (with Cerebral Hæmorrhage), ...	3	
Cerebral Hæmorrhage, ...	32	
Senile Gangrene, ...	4	
	—	109

Genito-Urinary System.

Prostatic Enlargement, ...	4	
Ruptured Bladder, ...	1	
Stricture Urethra, ...	1	
Nephritis and Uræmia, ...	9	
Pyonephrosis, ...	1	
	—	16

Respiratory System.

Acute Broncho-pneumonia, ...	12	
Acute Lobar Pneumonia, ...	5	
Acute Influenzal Pneumonia, ...	2	
Chronic Bronchitis and Emphysema, ...	6	
Bronchial Asthma, ...	3	
Empyema, ...	3	
	—	31

Tuberculosis.

Pulmonary,	12	
Renal,	1	
Abdominal,	2	
Meningeal,	3	
Spinal Caries,	1	
Pelvic Bones,	1	
Miliary,	1	
	—	21

Malignant Disease.

Carcinoma of Tongue,	2	
Do. Floor of Mouth,	1	
Do. Larynx,	1	
Do. Oesophagus,	2	
Do. Stomach,	6	
Do. Colon,	3	
Do. Rectum,	4	
Do. Prostate,	2	
Do. Breast,	1	
Do. Uterus,	2	
Lymphosarcoma,	1	
Glioma of Spinal Cord,	1	
	—	26

Miscellaneous Causes.

Cerebellar Abscess,	1	
Cerebral Abscess,	1	
Dermatitis Exfoliativa,	2	
Fractures (Multiple),	1	
Fracture of Femur,	1	
Fracture of Skull (Meningeal Hæmorrhage),	1	
Diabetes Mellitus,	2	
Influenza,	3	
Prematurity,	2	
Rheumatoid Arthritis,	1	
Septicæmia,	1	
	—	16

TOTAL—223.

Mental Wards.

	M.	F.	Total
Resident at 31st December, 1936, ...	45	53	98
Admitted during 1937, ...	7	8	15
Total treated, ...	52	61	113

	M.	F.	Total			
Discharged—(a) Cured,	1	—	1			
(b) Relieved,	1	—	1			
(c) No change,	1	2	3			
(d) Died, ...	1	4	5			
				4	6	10
Resident at 31st December, 1937, ...				48	55	103

Diseases of Cases admitted:—

Delusional Insanity, ...	4	
Hysteria, ...	2	
Melancholia, ...	2	
Mental Confusion, ...	3	
Mental Deficiency, ...	2	
Senile Dementia, ...	2	
	—	15

Deaths. These were due to :—

(1) Coronary Thrombosis, ...	age 66	
(2) Endocarditis. Senile Dementia, ...	age 75	
(3) Perforated Gastric Ulcer, ...	age 73	
(4) Pyelonephritis, ...	age 69	
(5) Cerebral Thrombosis, ...	age 74	
	—	5

Post-mortem examination, ... 1

REPORT ON WOODSIDE HOUSE.

Woodside House, which took the place of Auchentorlie House, in July, 1933, is primarily a Poor Law Children's Home and provides approximately 70 beds for the accommodation of healthy children, sick children, and unmarried mothers. The accommodation provided is exceptionally good for the purpose of a Children's Home. Modern medical opinion is, however, adverse to the policy of accommodating sick children in what is primarily a Children's Home like Woodside House, and the Department of Health for Scotland are strongly in favour of providing hospital accommodation for the sick children in Woodside House at the new Municipal General Hospital proposed to be established at Hawkhead.

I subjoin tables giving the principal statistics for the year 1937, for the compilation of which I am much indebted to the Inspector of Public Assistance and his Staff. These tables give full particulars regarding the cases on the sick list and also the maternity cases.

Sick list cases numbered 465 as compared with 510 during 1936. Deaths numbered 39, of which 29 were infants under one year; deaths during 1936 were 55. The causes of death will be found on the statistical tables. There were 4 deaths due to pneumonia, and 13 to enteritis.

There were 40 admissions to the maternity ward, as compared with 41 during 1936. 40 infants were born. The results may fairly be claimed as satisfactory, the statistics showing that there were no maternal deaths, 1 neo-natal death, 1 still-birth, and 2 cases of puerperal morbidity.

I have again to record my sincere thanks to Miss Farries, Matron, and her Staff for their willing work throughout the year, and also to Dr. W. G. Gibson, Visiting Physician, for his continued and willing co-operation.

Statistics for the year, 1937.

	W.	B.	G.	Total
Resident at 31st December, 1936, ...	8	25	21	54
Admitted during year, ...	46	231	221	498
Total chargable during year, ...	54	256	242	552

	W.	B.	G.	Total				
Left and otherwise removed,	47	205	200	452				
Died, ...	—	18	21	39				
					47	423	221	491
Resident at 31st December, 1937, ...					7	33	21	61

Highest number of patients resident was 77, the lowest number 33, and the average daily number throughout the year was 52.

Sick List.

	W.	B.	G.	Total
On Sick List at 31st December, 1936, ...	8	17	18	43
Admitted during year, ...	45	197	180	422
Total treated during year, ...	53	214	198	465

Discharged:—	W.	B.	G.	Total				
Cured, ...	43	127	131	301				
Improved, ...	2	7	6	15				
Left and otherwise removed, ...	1	36	25	62				
Died, ...	—	18	21	39				
					46	188	183	417
On Sick List at 31st December, 1937, ...					7	26	15	48

Classified according to Authority responsible for maintenance, the total sick treated can be divided as follows:—

	W.	B.	G.	Total
Town Council of Paisley:—				
(a) Public Assistance Department, ...	18	59	53	130
(b) Maternity and Child Welfare Department,	30	113	91	234
County of Renfrew, Public Assistance Department,	5	34	52	91
County of Renfrew, Education Committee, ...	—	6	2	8
Burgh of Clydebank, Public Assistance Dept.,	—	2	—	2
	53	214	198	465

Births.

During the year there were 40 children born. Since the opening of Auchentorlie House on 15th December, 1910, there have been 726 births, to which have to be added 181 births in Woodside House—a total of 907 births.

Deaths.

The number of deaths throughout the year was 39, as compared with 55 during 1936. 29 deaths occurred in infants under one year. The subjoined table gives the causes of death:

Age.	Cause of death.
2 years.	Convulsions and enteritis.
8 months.	Gastritis.
7 months.	Hydrocephalus.
5 years.	Cardiac disease.
2½ years.	Gastro-enteritis and convulsions.
10 months.	Do. do.
9 months.	Do. do.
8 years.	Broncho pneumonia.
1¾ years.	Do.
6 months.	Do.
10 months.	Do.
8 months.	Gastro enteritis and marasmus.
4 months.	Do. do.
2¼ years.	Abscess of neck—septicæmia.
5 hours.	Prematurity.
7 days.	Do.
11 days.	Do.
3 days.	Do.
3½ years.	Marasmus.
2 years.	Do.
9 months.	Do.
6 weeks.	Acute gastro enteritis.
2 months.	Spina bifida.
4 months.	Do.
Age.	Cause of death.
7 months.	Convulsions and broncho pneumonia.
9 weeks.	Gastro enteritis.
4 months.	Do.
8 months.	Do.
8 months.	Do.
1 year.	Do.
7 months.	Do. and teething.
10 months.	Do.
4 months.	Do.
8 hours.	Birth debility.
3 weeks.	Congenital debility.
2 weeks.	Do.
6 months.	Convulsions and marasmus.
3 years.	Marasmus and teething.
5 months.	Acute bronchitis.
3 months.	Infantile convulsions and enteritis.

CLASSIFICATION OF DISEASES.

Diseases of Respiratory System.

Asthma,	1	
Bronchitis,	44	
Bronchial catarrh,	28	
Pleurisy,	2	
Pneumonia-broncho,	35	
Tonsilitis,	7	
Laryngitis,	1	
	—	118

Diseases of Nervous System.

Chorea,	1	
Convulsions,	5	
Mentally deficient,	5	
Spastic paralysis,	1	
Congenital deformity,	1	
Blindness,	1	
Nephritis,	2	
Spina bifida,	2	
	—	18

Diseases of Alimentary System.

Enteritis,	24	
Gastritis,	8	
Gastro-enteritis,	48	
Colic,	1	
Malnutrition,	1	
	—	82

Diseases of Genito-Urinary System.

Haematuria,	1	
	—	1

Other Medical Diseases.

Debility,	20	
Dermatitis,	3	
Diarrhoea,	5	
Eczema,	3	
Impetigo,	3	

Influenza,	2	
Marasmus,	10	
Otitis-media,	3	
Prurego,	1	
Stomatitis,	1	
Scabies,	5	
Rheumatism,	3	
Pyrexia of unknown origin,	4	
Intertrigo,	1	
Rickets,	3	
Skin disease,	1	
Urticaria,	2	
Endocarditis,	1	
Conjunctivitis,	1	
Rheumatic fever,	3	
Cachexia,	1	
Anorexia,	1	
Erythema-nodasum,	1	
Shingles,	1	
Nasal obstruction,	1	
	—	80

Surgical Cases.

Adenoids,	1	
Abscesses,	2	
Adenitis,	1	
Accidents,	5	
Furunculosis,	1	
Hernia,	1	
Cellulitis,	1	
Synovitis,	1	
Circumcision,	1	
	—	14

Infectious Diseases.

Measles,	2	
Tuberculosis,	1	
Chickenpox,	1	
	—	4

Pregnancy,	44	
Infants under 2 years (no specific disease),	61	
	—	105

Statistics of Work in Maternity Wards.

(1)	Number of admissions,		40
	(a) Ante-natal,	0	
	(b) Natal,	40	
	(c) Post-natal,	0	

Of the total admissions, 35 were Paisley cases, and 5 were County cases.

(2)	(a) Number of admissions of married women,	13
	(b) Number of admissions of unmarried women,	27
(3)	Total number of deliveries,	40
	(a) Full-term, 38	
	(b) Premature, 2	
(4)	(a) Number of normal deliveries without medical assistance,	39
	(b) Number of normal deliveries with medical assistance,	0
	(c) Number of abnormal deliveries,	1

Face presentation, 1.

(5)	Total number of infants born,	40
	(a) Live infants, 39	
	(b) Still-born infants, 1	
(6)	Number of neo-natal deaths (death of infants under 8 days),	1
(7)	Number of maternal deaths,	Nil
(8)	Number of cases of puerperal morbidity,	2

(B.M.A. standard—temperature reaching 100° F. or more on two or more occasions between the end of the 1st and the end of the 8th day after delivery.)

(a) Normal deliveries,	2
(b) Abnormal deliveries,	Nil

PART II.

STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1937
Total number of Births (corrected),	1716
Number of Illegitimate Births (corrected),	66
,, Births in 1-roomed houses,	164
,, Births in 2-roomed houses,	541
,, Births in 3- or more roomed houses,	208
,, Births in 1-roomed houses where the parents were lodgers,	13
,, Births in 2-roomed houses where the parents were lodgers,	21
,, Births in 2-roomed houses where the parents were lodgers,	27
,, Births in Barshaw Hospital,	680
,, Births in Other Institutions,	43
,, Births in Caravans,	3
,, Premature Births,	25
,, Infants "breast-fed" at first visit,	1293
,, Infants "bottle-fed" at first visit,	225
,, Infants partly breast and partly bottle-fed at first visit,	44

STILL-BIRTHS DURING 1937 — Total 82.
Probable Causes in 82 Cases.

Accidental Hæmorrhage,	13	Post Maturity,	1
Anencephalic	1	Placenta Prævia,	2
Cord Round Neck,	5	Prematurity,	9
Instrumental Delivery,	6	Prolapsed Cord,	3
Malpresentation,	7	Cause Unknown,	14
Kidney Disease in Mother,	9	Illness of Mother,	1
Hydrocephalic,	1	Debility,	1
Meningocele,	1	Spina Bifida,	3
Contracted Pelvis,	1	Uterine Inertia,	3
Congenital Defects,	1		

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1937
Number of Sessions,	151
Number of expectant mothers attending,	961
Total Attendances,	4379
Number of First Attendances,	821
Average Attendance per Session,	29

Sources from which Cases were drawn:—

1. Recommended by midwives,	151
2. Referred from doctors,	60
3. Unrecommended,	603
4. Recommended by Public Health Staff,	7

Classification of Conditions:—

Albuminuria,	18	Missed Abortion,	2
Anæmia,	32	Epilepsy,	1
Appendicitis,	1	Hydramnios,	1
Contracted Pelvis,	83	Multiple Pregnancy,	3
Dental Caries,	68	Normal Pregnancy,	371
Debility,	19	Threatened Abortion or Miscarriage,	10
Digestive Disturbances,	105	Tuberculosis,	2
Doubtful Pregnancy,	12	Venereal Disease,	2
Gynæcological Conditions.	10	Vaginal Discharge — non venereal,	6
Malpresentation,	15	Respiratory Conditions,	23
Varicose Veins,	60	Skin Conditions,	1
Minor Ailments,	94	Pseudocyesis,	6
Cardiac Disease,	14		
Bad Obstetric History,	1		
Convulsions,	1		

81 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

THE RUSSELL INSTITUTE.

CLINICS FOR MOTHERS AND CHILDREN.

	1937
Number of sessions,	358
,, new patients attending,	1134
,, old patients re-attending,	1396
Total attendances,	11651
Average attendance per session,	40.1
Number of infants under 1 year attending,	1054
,, children, 1-5 years, attending,	1456
,, illegitimate children attending,	10

Methods of feeding of infants at first visit:—

1. Breast,	375
2. Bottle,	260
3. Breast and bottle,	36
Children referred to Hospitals,	286
Number of nursing mothers attending,	597
Total attendances of nursing mothers,	2721

Classification of Cases according to Disease:—

A—Children:—

Adenitis,	20	Injury,	7
Congenital Defects,	20	Intestinal Parasites,	33
Debility,	248	Phimosis,	59
Dental Caries,	127	Prematurity and Birth Debility,	16
Diseases of the Skin,	256	Respiratory Conditions,	303
Ear Affections,	30	Rickets,	30
Throat and Nose Disorders,	106	Surgical Conditions (excluding Throat and Nose)	109
Eye Conditions,	41	Umbilical Conditions,	29
Engorged Breasts,	19	Healthy Children,	567
Gastro-Intestinal Disorders,	377	Mental Defects,	1
Genito Urinary Disorders,	17	Minor Ailments,	5
Ieterus Neonatorum,	2	Under Weight,	61
Stomatitis,	14		
Infectious Diseases,	12		

B—Nursing Mothers:—

Adenitis,	1	Digestive Disorders,	13
Agalactia,	103	Healthy,	290
Anæmia,	35	Mastitis,	2
Cracked Nipples,	1	Minor Ailments,	2
Debility,	114	Respiratory Conditions,	10
Dental Caries,	7	Skin Conditions,	4
Eye Conditions,	2	Varicose Veins,	1
Hæmorrhoids,	1	Venereal Disease,	1
Gynaecological Conditions,	2		

SUMMARY OF WORK AT DENTAL CLINIC.

	1931	1932	1933	1934	1935	1936	1937
Total attendances,	1,200	947	694	1,006	1,076	1,183	1,007
Extractions,	919	645	488	917	963	754	532
Dressings, fillings, etc.,	427	252	188	270	316	416	425
Number of new patients attending,	470	365	301	372	420	393	389

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1937.

General Report on the Working of the Acts.

Total number of Midwives on roll, ... 17

Number of Midwives holding C.M.B. Certificate, 9

The Assistant Medical Officer (M. & C.W.) paid 30 domiciliary visits to Midwives throughout the year, and also had 16 personal interviews at the Public Health Office; she reports that, in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 24, as compared with 15 during the previous year. Of these, 18 occurred in the practice of midwives, compared with 11 during the previous year. In 24 cases, smears were taken for bacteriological examination, of which 18 were in the practice of midwives. 5 cases were found to be due to a gonococceal infection, one of which was in the practice of a midwife. 19 cases were negative. 72 domiciliary visits were paid to these cases by the Assistant Medical Officer and the Health Visitors. One serious case was referred to the local Eye Infirmary for out-patient treatment. Two severe cases were admitted as in-patients to the Infectious diseases Hospital. Impairment of vision resulted in one case.

Births in Area:

Total number of births during 1937, ... 1705

Total number of deaths of new-born children (within 10 days) during 1937, ... 63

Actual number of births attended by midwives during 1937, ... 570

Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1937, ... 11

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

Actual number of cases not attended by a doctor or midwife during 1937:—

Births, ... 0

Deaths, ... 0

Cases of Ophthalmia Neonatorum:

Total number of cases during 1937,	24
Actual number of cases occurring in the practice of midwives during 1937,	18
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1937,	0

Cases of Puerperal Sepsis:

Total number of cases during 1937,	3
Total number of deaths during 1937,	0
Actual number of cases occurring in the practice of midwives during 1937,	0
Actual number of deaths occurring in the practice of midwives during 1937,	0
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1937,	0

Cases of Puerperal Pyrexia:

Total number of cases during 1937,	37
Total number of deaths during 1937,	3
Actual number of cases occurring in the practice of midwives during 1937,	9
Actual number of deaths occurring in the practice of midwives during 1937,	1
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1937,	0

Cases of Still-Birth:

Total number of cases during 1937,	82
Actual number of cases occurring in the practice of midwives during 1937,	23

Cases of Emergency:

Number of cases in which medical practitioners were called in under Section 22 of the Act,	224

BURGH OF PAISLEY. N.M. & C.F. & M./No. 44, 1936.

PART II.

Statement showing quantity and cost of milk, milk substitutes and other food supplied under Maternity and Child Welfare Schemes to expectant and nursing mothers and children under 5 years of age during the year ended 31st December, 1937.

		Mothers.	Chn.
1.	No. of persons supplied with liquid milk,	—	107
2	Liquid Milk—Total quantity supplied (gallons), ... Ordinary milk only supplied.		406.5 galls.
3.	Dried milk and other milk substitutes,	—	—
4.	Other food preparations* Dinners for mothers, ...	1564 dinners	—
	Virol for Children, ...		Approx. 140 lbs.
	Emulsion for Children, ...		70½ galls.
	Malt and Oil for Children, ...		594 lbs.

5.	Total cost to local authority, ...	(2)	£ 38	10 3½
	(Show under Heads 2, 3 and 4 separately,	(3)	£ 0	0 0
	if possible). Approx., ...	(4)	£131	5 0
	Total, ...		£169	15 3½
	Amount recovered by local authority, ...		£ 0	0 0
	Net Cost, ...		£169	15 3½

NOTE.—If exact figures under the above headings are not available, an approximate figure may be given.

*Include such dietary supplements as cod liver oil, malt extracts, etc., and any provision made for cooked meals.

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for year ending 31st December, 1937.

Maternity Wards.

Number of Admissions during 1937, ... 862

Ante-natal,	....	185
Natal,	....	651
Post-natal,	....	9
Abortions,	....	17

Average daily number of patients in residence:—

January,	....	26.6	
February,	....	25.7	26.5
March,	....	27.3	
April,	....	26.46	
May,	....	28.9	27.27
June,	....	26.46	
July,	....	24.29	
August,	....	24.67	24.90
September,	....	25.76	
October,	....	38.06	
November,	....	28.9	32.28
December,	....	29.9	

Source of cases admitted:—

From Ante-natal Clinic at Russell Institute, 508

From Medical Practitioners:—

Emergency Cases,	....	114
Booked Cases,	....	240
	Total,	862

Ante-Natal Clinic at Barshaw Hospital (cases referred by doctors).

Number of patients for consultation only,	21
Number of patients for future confinement,	231
Number of consultations with these booked cases,	2055
Total number of consultations,	2076

Number of Consultants' Visits to Hospital,	39
Major operations,	20
Minor operations,	7
Consultations,	64

Receipts from patients during the year, 1937, £1,808 16s. 4d.

Ante-Natal Wards.

Number of cases admitted,	185
Number of maternal deaths,	3
Number of patients dismissed pregnancy continuing,	133
Number of patients delivered before dismissal,	54
Number of still-births,	14
Number of patients still in hospital,	3
Maternal mortality rate for patients treated in Ante-natal Wards (3 deaths),	1.6%
Maternal morbidity rate for cases delivered (2 cases),	3.7%
Maternal morbidity rate for cases with genital causes,	0
Still-birth rate for cases delivered (14 still-births),	25.9%
Neo-natal death rate for cases delivered (3 deaths),	5.5%

Ante-Natal Complications Treated in Hospital.

A.	Albuminuria,	18
	Albuminuria with œdema,	6
	Pre-eclampsia,	9
	Eclampsia,	2
	Albuminuria with accidental Haemorrhage,	2
	Albuminuria with Varicose Veins,	1
	Hyperemesis gravidarum,	17
B.	Accidental Haemorrhage,	10
	Placenta praevia,	5
C.	Contracted Pelvis,	7
D.	Breech (version),	17
E.	Pyelitis,	5
F.	Fibroid of Uterus,	1
G.	Acute retention of Urine,	1
H.	Arthritis,	1
	Anaemia,	2
	Cardiac Disease,	5
	Chorea,	1
	Exophthalmic goitre,	5
	General Debility,	16
	Influenzal Pneumonia,	2
	Influenza,	2
	Pulmonary Tuberculosis,	2
	Varicose Veins,	2
I.	For Observation,	24
J	False Labour,	22
	Total,	185

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.—Normal Puerperium.

Condition.	Result.	No.
Albuminuria.	Responded to treatment, urine cleared—dismissed pregnancy continuing, ...	13
No. 533.	Improved—later normal premature delivery—N.P. Child premature still-born, ...	1
No. 470.	Improved—later breech delivery—N.P. Child alive mature, ...	1
Nos. 714, 624, 754.	Improved—later normal delivery—N.P. Child alive mature, ...	3
Albuminuria with œdema.		
Nos. 276, 321, 123.	Responded to treatment—urine cleared, œdema gone. Dismissed pregnancy continuing, ...	3
No. 71.	Improved — later delivered under general anæsthetic of a breech with extended legs and arms—N.P. Child mature still-born.	1
Nos. 29, 244.	Improved—later normal delivery—N.P. Child mature alive, ...	2
Pre-eclampsia.		
Nos. 620, 774.	Cleared—dismissed well, pregnancy continuing,	2
No. 232.	Improved—later premature breech delivery —N.P. Child premature macerated, ...	1
No. 7.	Improved—later normal delivery—N.P. Child alive mature, ...	1
Nos. 338, 341.	Improved—later forceps delivery for delayed second stage—N.P. Child alive mature, ...	2
Nos. 691, 761.	Improved—normal premature delivery. Puerperium prolonged due to kidney condition, child premature macerated, ...	2
No. 317.	Improved—later spontaneous delivery of twins puerperium prolonged due to kidney condition. Both alive mature, ...	1
Eclampsia.		
No. 180.	Patient on admission was comatose, very œdenatous, high blood pressure, history of kidney condition of long standing, paralysis of right side of body, blindness, mentally confused and very restless. Responded slowly to treatment—later normal delivery—puerperium prolonged. Child mature still-born, ...	1
No. 707.	Drowsy on admission, did not fit after admission to hospital, responded to treatment—later normal premature delivery—N.P. Child premature still-born, ...	1

Ante-natal treatment—Continued.

Condition.	Result.	No.
Albuminuria with Accidental Hæmorrhage.		
No. 445.	Considerable amount of bleeding on admission, later normal delivery—N.P. Child mature still-born (no fœtal heart heard on admission)	1
No. 197.	Considerable hæmorrhage pre-admission, later normal delivery, some post-partum hæmorrhage—N.P. Child mature still-born,	1
Albuminuria with Varicose Veins.		
No. 409.	Improved — urine cleared — varicose veins greatly improved, dismissed well, pregnancy continuing,	1
Hyperemesis Gravidarum.	Improved—dismissed well, pregnancy continuing,	17
Accidental Hæmorrhage.		
Nos. 796, 432, 495.	Very little bleeding after admission, dismissed well, pregnancy continuing,	3
No. 484.	Some bleeding after admission—later normal delivery—N.P. Child mature still-born,	1
Nos. 604, 810, 173, 140.	Bleeding at term—later in labour, normal delivery—N.P. Child alive mature,	4
No. 408.	Hæmorrhage at term—later delivered under general anæsthetic of an impacted breech. Child alive mature,	1
No. 625.	Some bleeding at seven months—later in labour, normal delivery—N.P. Child premature macerated,	1
Placenta prævia.		
Nos. 154, 324.	Brisk hæmorrhage at 8th month—marginal placenta prævia—classical cæsarean section —puerperium febrile notified (BMA & P.P.) —child alive mature,	2
No. 309.	Severe hæmorrhage at term—patient admitted shocked and blanched — central placenta prævia. Classical cæsarean section—N.P. Child mature still-born,	1
No. 192.	Hæmorrhage at seventh month — marginal placenta prævia. Classical cæsarean section —N.P. Child premature alive—died,	1
No. 760.	Had some bleeding pre-admission—no further bleeding until seven days after admission—no placenta felt—bleeding ceased—later in labour, severe hæmorrhage, marginal placenta prævia — bi-polar version limbs brought down under ether anæsthesia—no further bleeding—died suddenly from shock a few hours later, before delivery,	1

Ante-natal treatment—Continued.

Condition.	Result.	No.
Contracted Pelvis.		
No. 802.	Observation—contracted pelvis—later spontaneous delivery—N.P. Child alive mature,	1
No. 357.	Observation—contracted pelvis—later forceps delivery—N.P. Child alive mature, ...	1
No. 288.	Observation—membranes ruptured cord prolapsed, normal delivery—N.P. Child mature still-born, ...	1
Nos. 661, 99, 511, 822.	Observation — trial labour—lower uterine section—N.P. Child alive mature, ...	4
Breech (Version).	Version (external) under general anæsthetic—successful,	11
	unsuccessful,	1
	Spontaneous after admission, ...	4
No. 832.	External version under general anæsthetic successful, later normal delivery—N.P. Child alive mature, ...	1
Pyelitis.		
Nos. 675, 638, 585,	Responded to treatment—urine cleared—dismissed pregnancy continuing, ...	3
653, 575.	Improved—spontaneous premature delivery, pyelitis recurred—notified BMA & P.P., urine cleared. Child alive premature, ...	2
No. 342. Fibroid.	Admitted as pregnancy of five months duration with vaginal hæmorrhage, not pregnant, large fibroid of uterus. [Had myomectomy done in Royal Samaritan Hospital], ...	1
Acute Retention of Urine.		
No. 1.	Acute retention of urine with retroversion of gravid uterus. Patient catherterised—uterus pushed up into abdomen—dismissed well, pregnancy continuing, ...	1
Arthritis.		
No. 6.	Swelling of left sterno-clavicular joint, asperated no pus obtained. Swelling subsided—later spontaneous delivery of twins—N.P. Both alive mature, ...	1
Anæmia.		
No. 360.	Improved with prolonged treatment, later premature delivery—puerperium afebrile but prolonged. Child premature, S.B., ...	1
Pernicious Anæmia.		
No. 665.	Profoundly anæmic—had two rigors with severe pain over liver—later normal delivery puerperium febrile with one rigor and pain over spleen—rigors due to blood crisis—dismissed well. Child alive mature, ...	1

Ante-natal treatment—Continued.

Condition.	Result.	No.
Cardiac Disease.		
No. 329.	Improved with rest—later classical cæsarean section with sterilisation—N.P. Child alive mature,	1
Cardiac Disease.		
No. 776.	Improved with rest—later hysterotomy and sterilisation—N.P.,	1
Nos. 103, 684.	Improved with rest—dismissed well—pregnancy continuing,	2
No. 806.	Improved with rest — later spontaneous delivery of a face presentation—N.P. Child alive mature,	1
Chorea.		
No. 591.	Improved with rest—condition chronic—dismissed pregnancy continuing,	1
Exophthalmic Goitre.		
Nos. 743, 619, 734.	Improved with rest—dismissed pregnancy continuing,	3
No. 83.	No marked improvement with rest—later hysterotomy with sterilisation—N.P.,	1
No. 772.	No marked improvement with treatment—membranes ruptured artificially under general anæsthetic—general condition improved—patient still in hospital,	1
General Debility.	Improved with hospital treatment—dismissed pregnancy continuing,	13
Nos. 478, 602, 58.	Improved—later normal delivery—N.P. Child alive mature,	3
Influenzal Pneumonia.		
No. 699.	Febrile on admission with some green sickness—condition improved—later severe epigastric pain. Temperature elevated respirations rapid—pneumonia of right base—died,	1
No. 28.	Admitted as acute œdema of lungs—later temperature elevated — broncho-pneumonia of both bases. Very toxic—pulse feeble—died. Post mortem cæsarean section. Child stillborn,	1
Influenza.		
Nos. 94, 258.	Febrile on admission—urine clear—temperature settled — dismissed well — pregnancy continuing,	2
Pulmonary Tuberculosis.		
No. 645.	Improved with treatment—lesion of chest active—hysterotomy with sterilisation. N.P.,	1

Ante-natal treatment—Continued.

Condition.	Result.	No.
Tuberculosis.		
No. 713.	Improved with treatment—lesion active—later classical cæsarean section with sterilisation —N.P. Child mature alive, ...	1
Varicose Veins.		
Nos. 163, 422.	Improved with rest—dismissed well—pregnancy continuing, ...	2
For Observation.	Improved — dismissed well — pregnancy continuing, ...	21
No. 616.	Improved—later normal delivery—N.P. Child alive mature, ...	1
Nos. 664, 706.	Not pregnant—Zondek-Ascheirn text-ve, ...	2
False Labour.	Dismissed pregnancy continuing, ...	22
	Total, ...	185
Number of Deaths, ...		3

ABORTIONS.

Type.	Result.	No.
Inevitable on Admission.	Completed spontaneously. N.P.,	8
No. 401.	Completed by manual removal of fœtus and placenta,	1
Threatened.	Hæmorrhage ceased—dismissed pregnancy continuing,	4
Incomplete. Nos. 493 84.	Completed by manual removal of adherent placenta—curettage. N.P.,	2
Hydatidiform Mole.	Mole expelled spontaneously — hæmorrhage ceased. N.P.,	2
	Total,	17

Maternal deaths following abortion,	0
Maternal morbidity following abortion,	0
Notifiable pyrexia following abortion,	0

NATAL CASES.

Total number of deliveries,		710
Full term,	678	
Premature (including 2 sets of twins),	29	
Abdominal Section and non-viable child,	3	
Number of Abnormal Deliveries,		112
Forceps (50),	44.6%	
Cæsarean Section (17),	15.17%	
Death rate for abnormal deliveries (1),	0.89%	

ABNORMAL DELIVERIES.

Causes:—

A.	Accidental Haemorrhage, ...	3
	Placenta praevia, ...	4
B.	Contracted pelvis requiring Cæsarean Section, ...	11
	Contracted pelvis requiring forceps delivery, ...	6
	Protracted labour requiring forceps delivery, ...	42
	Contracted pelvis with prolapsed cord, ...	2
C.	Breech presentation, ...	22
	Brow presentation, ...	1
	Face presentation, ...	2
	Shoulder presentation, ...	2
	Transverse presentation, ...	2
	Twin pregnancy, ...	7
	Post-mortem section, ...	1
	Prolapsed cord, ...	1
D.	Cardiac disease, ...	2
	Exophthalmic goitre, ...	1
	Pulmonary tuberculosis, ...	2
E.	Abnormal 3rd stage in spontaneous delivery of child, ...	1
	Total, ...	112

BRIEF DETAILS OF ABNORMAL DELIVERIES.

Condition.	Result.	No.
Accidental Hæmorrhage. No. 161.	Had considerable amount of bleeding pre-admission — no fœtal heart heard — slow dilatation of os—forceps delivery for delayed 2nd stage. N.P. Still-born,	1
Nos. 171, 45.	In labour, considerable hæmorrhage—membranes ruptured artificially. Normal delivery. N.P. Child mature still-born,	2
Placenta prævia. No. 192.	In ante-natal ward—later cæsarean section. N.P. Child premature—alive, died later,	1
No. 309.	Had severe hæmorrhage pre-admission, bleeding recurred shortly after admission, having short pains. Classical cæsarean section. N.P. Premature still-born child,	1
Nos. 324, 154.	In ante-natal ward—had slight bleeding, classical cæsarean section. Puerperium febrile —notified (BMA & P.P.). Child alive,	2
Contracted Pelvis.	Trial labour—later lower uterine segment operation. N.P. Child alive mature,	4
	Classical cæsarean section, with sterilisation. N.P. Child alive mature,	7
No. 357.	In ante-natal wards for observation, contracted outlet—later forceps delivery. N.P. Child alive mature,	1
No. 688.	Forceps delivery for contracted pelvis. N.P. Child alive mature,	1
No. 587.	Slight degree of contraction—occiput posterior, manual rotation of head. Forceps delivery. N.P. Child alive mature,	1
Nos. 590, 138.	Slight degree of contraction—forceps delivery. shoulders very broad, rotated with difficulty. N.P. Child mature still-born,	2
No. 829.	In labour—failed forceps pre-admission, slight degree of contraction, forceps delivery. N.P. Child alive mature,	1
Protracted labour.	Forceps delivery for delayed second stage,	37
No. 826.	In labour—membranes ruptured artificially pre-admission—marked uterine inertia—fœtal distress on admission—child died soon after, very offensive discharge from uterus—later forceps delivery—manual removal of placenta, no membrane obtained—sapræmia with sloughing of perineum uterus explored infection of labia — toxæmia broncho-pneumonia—died. Child mature still-born,	1

Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
No. 397.	In labour—3rd Oerter fixed—very slow dilatation of os—long rotation of head. Child died before os fully dilated—forceps delivery for delayed 2nd stage. N.P. Child mature still-born, ...	1
No. 394.	Delayed second stage, forceps delivery, puerperium febrile notified (BMA & P.P.). Child alive mature, ...	1
No. 262.	Failed forceps pre-admission—later forceps delivery. N.P. Child alive mature, ...	1
No. 64.	Failed forceps pre-admission—later forceps delivery for fœtal distress. N.P. Child still-born, ...	1
Contracted Pelvis with Prolapsed Cord No. 288.	In ante-natal ward—contracted pelvis, membranes ruptured—cord prolapsed, no pulsation — later spontaneous delivery. N.P. Child still-born, ...	1
No. 503.	In labour—cord prolapsed pre-admission, no pulsation—later forceps delivery for delayed second stage. N.P. Child still-born, ...	1
Breech Presentation.	In labour—primipara breech delivery. N.P. Child alive, ...	5
No. 336.	In labour—attempted delivery at home—later admitted to hospital—breech delivered under general anæsthesia. N.P. Child alive, ...	1
Nos. 515, 460.	In labour—no fœtal heart heard on admission —breech delivery. N.P. Child still-born, ...	2
No. 833.	In labour—breech delivery. N.P. Child alive —died later—spina bifida, ...	1
Nos. 679, 82, 239, 260, 420, 621, 716, 689, 748, 159.	In labour—slow dilatation of os—breech with extended legs and arms—delivered under general anæsthesia. N.P. Child alive, ...	10
No. 470.	In ante-natal ward—albuminuria—later breech delivery. N.P. Child alive, ...	1
No. 232.	In ante-natal ward — pre-eclampsia — later breech delivery. N.P. Child premature, macerated, ...	1
No. 71.	In ante-natal ward—albuminuria with œdema—later impacted breech delivered under general anæsthesia. N.P. Child mature still-born,	1
Brow Presentation. No. 801.	In labour—spontaneous delivery. N.P. Child still-born—spina bifida, ...	1
Face Presentation. No. 791.	In labour—mento-posterior—manual rotation of face—later spontaneous delivery. N.P. Child alive mature, ...	1

Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
	No. 806. In ante-natal ward—cardiac—improved with rest—later in labour—spontaneous delivery. N.P. Child alive mature, ...	1
Shoulder Presentation.		
	Nos. 164, 238. In labour—left arm prolapsed—no fœtal heart heard—Bi polar version under general anæsthesia — delivered as breech. N.P. Child still-born, ...	2
Transverse Presentation.		
	No. 526. In labour—external version unsuccessful—bi-polar version under general anæsthesia—delivered as a breech. N.P. Child still-born, ...	1
	No. 762. In labour — external version — delivered as breech. N.P. Child alive, ...	1
Twin Pregnancy.		
	No. 317. In ante-natal ward — pre-eclampsia — later spontaneous delivery of twins—puerperium prolonged efebrile. Both alive mature, ...	1
	No. 6. In ante-natal ward—Arthritis—later spontaneous delivery of twins. N.P. Both alive.	1
	In labour—spontaneous delivery of twins. N.P. Both alive, ...	4
	No. 610. In labour—spontaneous delivery of twins. N.P. 1st child alive mature. 2nd Fœtus papyraceous, ...	1
Post Mortem Section.		
	No. 28. Mother died at term from influenzal pneumonia—Post mortem section as still fœtal heart present. Child still-born, ...	1
Prolapsed Cord.		
	No. 323. In labour—cord prolapsed—no pulsation—spontaneous delivery. N.P. Child still-born, ...	1
Cardiac Disease.		
	No. 776. In ante-natal ward—improved, later abdominal hysterotomy with sterilisation. N.P., ...	1
	No. 329. In ante-natal ward—improved, later classical cæsarean section with sterilisation. N.P. Child alive, ...	1
Exophthalmic Goitre.		
	No. 83. In ante-natal ward—improved with rest—later hysterotomy with sterilisation. N.P., ...	1

Details of Abnormal Deliveries—Continued.

Condition.	Result.	No.
Pulmonary Tuberculosis.		
No. 713.	In ante-natal ward—improved, lesion active—later classical cæsarean section with sterilisation. N.P. Child alive, ...	1
No. 645.	In ante-natal ward—improved, lesion active—Hysterotomy with sterilisation. N.P., ...	1
Abnormal 3rd stage in spontaneous delivery.	In labour—normal delivery—placenta adherent removed manually under general anæsthesia later developed acute bronchitis notified (BMA & P.P.). Child alive, ...	1
	Total, ...	112

Number of Spontaneous Deliveries,		598
Number of spontaneous deliveries at which medical assistance was not required,		534
Number of spontaneous deliveries at which medical assistance was required,		64
Number of deaths following spontaneous delivery,		1

Conditions requiring medical assistance at spontaneous deliveries:—

Anæsthesia—2nd stage,	2
Episiotomy,	3
Repair of perineum under general anæsthesia,	2
Repair of perineum,	57
Total,	64

Total number of cases of twins,		7
Full term,	5	
Premature,	2	
Live infants,	13	
Still-born—foetus papyraceous,	1	
Spontaneous delivery of both,	7	

Total number of infants born,		714
Live infants,	674	
Still-born infants,	40	

Causes of still-births:—

Accidental hæmorrhage,	7
Placenta prævia,	2
Albuminuria,	7
Eclampsia,	1
Uterine inertia—child died before os fully dilated,	3
Forceps delivery—for contracted pelvis,	1
Failed forceps pre-admission—forceps later,	1
Forceps delivery for delayed 2nd stage,	1
Prolapsed cord,	3
Transverse presentation (bi-polar version),	3

Cord round neck ,	2
Prematurity,	3
Anencephalic,	1
Hydrocephalic,	1
Meningocele,	1
Spina bifida,	2
Post mortem section,	1
Total,	40

Number of deaths of infants under 10 days (neo-natal deaths), 27

Albuminuria in mother,	5
Following difficult breech delivery,	1
Intracranial hæmorrhage,	2
Precipitate labour,	1
Congenital debility,	8
Prematurity,	10
Total,	27

Still-birth rate for total number of infants born (40 in 714 births),	5.6 %
Neo-natal death rate for total number of infants born (27 in 674 live births),	4.0 %
Maternal mortality rate for total number of admissions (5 deaths in 862 admissions),	0.58%
Maternal mortality rate per 1,000 live births (5 deaths in 674 live births),	7.41%
Maternal morbidity rate for total number of deliveries (11 cases in 710 deliveries),	1.54%
Maternal morbidity rate for normal deliveries (7 cases in 598 deliveries),	1.17%
Maternal morbidity rate for normal deliveries from genital causes only (1 case),	0.17%
Maternal morbidity rate for abnormal deliveries (4 cases in 112 deliveries),	3.5 %
Maternal morbidity rate for abnormal deliveries from genital causes only (1 case),	0.89%

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard) — temperature reaching 100 degrees F. or more on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever,	0
Number of cases of puerperal morbidity (B.M.A. standard). Total,	11
Number of cases of puerperal morbidity following normal deliveries,	1
Number of cases of puerperal morbidity following abnormal deliveries,	1
Number of cases of puerperal morbidity following abortion,	0

Classification of causes.

(1) Extra-genital causes,	9
(2) Genital causes following normal deliveries,	1
(3) Genital causes following abnormal deliveries,	1

Extra-genital causes.

Eclampsia and pulmonary oedema,	1
Influenza,	1
Pyelitis,	2
Bronchitis,	1
Enema rash,	1
Post-operative reaction,	2
Blood crisis in pernicious anaemia,	1
Total,	9

Genital causes in normal deliveries.

Mild sapræmia,	1

Genital causes in abnormal deliveries.

Toxic absorption from sloughing perineum and vaginal wall following forceps delivery,	1
Number of cases of puerperal morbidity notified as puerperal pyrexia,	11

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES FOLLOWING NORMAL DELIVERIES.

No. 365. Admitted in labour; normal delivery; placenta and membranes appeared complete. Temperature elevated on 3rd day. Small secondary placenta expelled on 4th day. Temperature settled on 5th day. Mild sapræmia, involution of uterus satisfactory. Dismissed well on 14th day, ... 1

Total, ... 1

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES FOLLOWING ABNORMAL DELIVERIES.

No. 826. Admitted in labour—febrile on admission—? rigor pre-admission—uterine inertia—os 2 fingers dilated—membranes ruptured — artificially pre-admission — fœtus dead—profuse very offensive discharge from uterus. Vaginal wall œdenatous and congested. Os dilated very slowly—later forceps delivery—placenta expelled without membranes. Temperature normal during 1st and 2nd days of puerperium—Rigor with elevation of temperature on 3rd day. Uterus explored for adherent membrane, none obtained—later sloughing of perineum and vaginal wall. Patient became very toxic—later infection of skin of labia—cellulitis—broncho-pneumonia—died, 1

Total, ... 1

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS (Scotland), 1932.

Puerperal pyrexia means any febrile condition occurring in a woman within 21 days after childbirth, or miscarriage in which a temperature of 100.4 degrees Fahrenheit or more has been sustained during a period of 24 hours, or has occurred during that period.

Total number of cases of puerperial pyrexia, ...		11
Number of cases following normal deliveries, ...	6	
Number of cases following abnormal deliveries,	5	

Classification of causes.

(1)	Extra-genital causes, ...	9
(2)	Genital causes following normal deliveries,	1
(3)	Genital causes following abnormal deliveries,	1

Extra-genital causes.

Pulmonary oedema in eclampsia,	1
Influenza,	1
Post-operative reaction,	2
Blood crisis in pernicious anæmia,	1
Enema rash,	1
Pyelitis,	2
Bronchitis,	1
Total,	9

Genital causes following normal deliveries.

Mild sapræmia,	1

Genital causes following abnormal deliveries.

Sapræmia with toxic absorption,	1

DETAILS OF CASES WITH GENITAL CAUSES FOLLOWING NORMAL AND ABNORMAL DELIVERIES.

See particulars under Maternal Morbidity.

POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Born before arrival. Nos. 842, 120, 80, 62.	Child born at home—admitted later to hospital —placenta and membranes delivered in hospital. N.P.,	4
No. 632.	Spontaneous delivery at home—eclamptic fit just after delivery—admitted to hospital—patient comatose—responded to treatment —no fits after admission. N.P. Dismissed well,	1
No. 32.	Spontaneous delivery at home—admitted with adherent placenta—removed manually under general anæsthetic—general condition poor —Thrombophlebitis of legs — puerperium febrile but not notifiable,	1
No. 844.	Admitted with history of having had post-partum hæmorrhage at home—patient very pale — slightly shocked — no hæmorrhage after admission — S.W.S. *ij* inserted into perineum—responded to treatment. N.P. Dismissed well,	1
No. 453.	Forceps delivery at home—extensive tear of perineum—admitted to hospital—repaired under general anæsthetic. N.P.,	1
No. 17.	Child born at home—admitted to hospital later—perineum repaired. N.P.,	1
	Total,	9

MATERNAL DEATHS AT BARSHAW HOSPITAL.

Deaths at Barshaw Hospital,	5
Emergency cases,	2
Ante-natal cases,	3

Details of Deaths at Barshaw Hospital.

Chronic Nephritis. No. 193. Admitted in labour—comatose pulse full and bounding—temperature normal—high blood pressure — albuminuria, green sickness — later spontaneous delivery of live child—still comatose—had two fits on 2nd day of puerperium. Temperature elevated, respirations very slow. Blood pressure normal—? paresis of left side of body—incontinence of urine and fœces. Respirations became rapid — congestion at bases of lungs. Patient died on 9th day of puerperium. Autopsy—Chronic nephritis of long standing, liver and spleen greatly engorged and friable. Oedema and congestion of both lungs. Uterus and adnexæ normal, ... 1

Influenzal Pneumonia. No. 28. Admitted to ante-natal ward suffering from Bronchitis and asthma of sudden onset—breathing very laboured—very cyanosed, pulse full and bounding—temperature normal—only slight improvement with treatment—too ill to have any obstetrical interference—temperature elevated, respirations very rapid and difficult—bronchial pneumonia of both lungs—became restless—later comatose—died on 3rd day in hospital. Post-mortem cæsarean section. Child stillborn. No autopsy, ... 1

Influenzal Pneumonia. No. 699. Admitted to ante-natal ward for observation. Seven months pregnant — febrile on admission, bilious sickness, slight pain in right iliac fossa—obstinate constipation—no rigidity or tenderness of abdomen, urine clear. 2nd day—condition appeared slightly better—temperature normal—no sickness—still constipated. 3rd day—some bilious sickness in early morning — temperature elevated—later became very flushed complained of acute epigastric pain with great difficulty in breathing—small area of consolidation at both bases—became toxic rapidly—comatose—died 5 hours after commencement of acute condition of chest, ... 1

Maternal Deaths at Barshaw Hospital—Continued.

Placenta prævia. No. 760.	Admitted to ante-natal ward—26 weeks pregnant and having had some vaginal bleeding—os closed, no placenta felt. No further bleeding until seven days after admission—hæmorrhage slight—later in labour, brisk hæmorrhage—marginal placenta prævia—bi-polar version—limb brought down under ether anæsthesia. No further hæmorrhage—patient's condition appeared satisfactory. Died suddenly from shock three hours later, before delivery. No autopsy, ...	1
Uterine inertia, sapræmia toxæmia and cellulitis. No. 826.	Admitted in labour—febrile on admission—? rigor pre-admission—os 2 fingers dilated, membranes ruptured artificially pre-admission—fœtus dying, profuse offensive discharge from uterus—cervix and soft parts œdematous—os dilated very slowly—forceps delivery—placenta expelled without membrane — general condition poor — collapsed under general anæsthesia—tear of perineum. 1st and 2nd day of puerperium, temperature normal and general condition fairly good. Rigor with elevated temperature on 3rd day—uterus explored for adherent membrane—none obtained. Hot intra uterine douche—later sloughing of vaginal wall and perineum — patient became toxic — later infection of skin of labia majora with development of cellulitis of left side. Respirations became rapid and distressed. Bronchopneumonia of both lungs. Died. No autopsy, ...	1
	Total, ...	5

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for the Year 1937.

CHILDREN'S WARD.

Number of admissions during 1937:—

Medical cases,	40
Surgical cases,	259

Source of cases:—

Recommended from Child Welfare Clinic,	235
Recommended by Doctors,	41
Transferred from Maternity Wards (on mother's discharge from hospital),	18
Admitted with mother,	5

Average daily number in residence:—

January,	6.7	7.58
February,	8.45	
March,	7.6	
April,	6.8	7.29
May,	6.58	
June,	8.5	
July,	9.25	6.21
August,	2.06	
September,	7.33	
October,	8.29	8.43
November,	8.26	
December,	8.74	

Average period of residence:—

Medical cases,	21.85 days
Surgical cases,	6.7 days

Age periods of children admitted:—

Medical Cases, 40.		Surgical Cases, 259.	
0-1	37	0-1	51
1-2	2	1-2	37
2-3	1	2-3	40
3-4	0	3-4	54
4-5	0	4-5	77

Medical cases admitted:—

Condition.	Result.	No.
Admitted with mother,	Dismissed well,	5
Admitted with mother,	Died,	0
Acute Rheumatism,	Dismissed well,	1
Acute Rheumatism,	Died,	0
Debility,	Dismissed well,	2
Debility,	Died,	2
From Maternity Wards,	Dismissed well,	18
From Maternity Wards,	Died,	0
Malnutrition,	Dismissed well,	4
Malnutrition,	Died,	0
Prematurity,	Dismissed well,	2
Prematurity,	Died,	1
Spina Befida,	Dismissed well,	0
Spina Befida,	Died,	2
Sore buttocks,	Dismissed well,	1
Sore buttocks,	Died,	0
Tuberculous knee joint,	Dismissed well,	2
Tuberculous knee joint,	Died,	0
Thrombosis of poplitial vessels,	Dismissed well,	1
Thrombosis of poplitial vessels,	Died,	1
	Total,	42

Deaths in Medical Wards,	6
Debility,	2
Prematurity,	1
Spina befida,	2
Thrombosis of poplitial vessels,	1
Total,	6

Surgical cases admitted,	259
Patients operated on,	259
Deaths in Surgical Wards,	0

Total number of Surgical Operations, ... 289

Number of operations on indoor patients, 259
Number of operations on outdoor patients, 30

Conditions operated on:—

Abscess of scalp,	1
Circumcision,	59
Cervical Adenitis,	7
Fracture,	1
Fistula of Urethra,	1
Hernia,	23
Molluscum Contagiosum,	6
Nævis,	1
Plaster,	1
Spina befida,	1
Slipped Epiplysis,	1
Talipes,	6
Tongue Tie,	1
Tonsils and Adenoids,	147
Torticollis,	1
Tag of tissue,	1
Wart of lip,	1
Total,	259

Number of Consultations with Surgical Specialists, ... 17

Number of children transferred from hospital with infectious disease, ... 0

INFECTIOUS DISEASES.

1.—Return of Cases of Infectious Disease Notified during the year ended 31st December, 1937.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.									
	At all Ages.	Under 1.	1 and Under 5.	5 and Under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Cases removed to Hospital.	Cases not removed to Hosp'l
	1	2	3	4	5	6	7	8	9	10
Cerebro - spinal fever, ...	16	6	2	5	1	1	1	—	16	—
Chickenpox, ...	426	11	82	330	3	—	—	—	22	404
Cholera, ...	—	—	—	—	—	—	—	—	—	—
Continued Fever, (Undulant),	—	—	—	—	—	—	—	—	—	—
Diphtheria. ...	440	3	100	272	41	22	2	—	439	1
Dysentery, ...	32	2	9	10	3	6	—	2	32	—
Encephalitis lethargica,	—	—	—	—	—	—	—	—	—	—
Erysipelas, ...	79	3	3	2	4	23	32	12	51	28
Jaundice, Acute Infective, ...	—	—	—	—	—	—	—	—	—	—
Malaria, ...	—	—	—	—	—	—	—	—	—	—
Measles, ...	256	11	76	165	2	2	—	—	24	232
Ophthalmia Neonatorum,	24	24	—	—	—	—	—	—	5	19
Plague, ...	—	—	—	—	—	—	—	—	—	—
Pneumonia. Acute Influenzal, ...	36	—	4	3	8	8	10	3	20	16
Pneumonia, Acute Primary, ...	477	79	135	58	41	46	68	50	364	113
Pneumonia (not otherwise notifiable),	53	14	29	8	1	1	—	—	44	9
Poliomyelitis, Acute, ...	—	—	—	—	—	—	—	—	—	—
Puerperal Fever,	3	—	—	—	—	3	—	—	3	—
Puerperal. Pyrexia, ...	39	—	—	—	14	25	—	—	33	6
Scarlet Fever, ...	549	5	176	305	42	20	1	—	515	34
Smallpox, ...	—	—	—	—	—	—	—	—	—	—
Tuberculosis. Pulmonary,	112	1	5	3	29	49	21	4	*97	15
Tuberculosis. Non-Pulmonary,	36	5	9	7	10	3	1	1	*29	7
Typhoid Fever,	2	—	—	—	1	1	—	—	2	—
Para-Typhoid A, ...	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B, ...	1	—	—	—	1	—	—	—	1	—
Typhus Fever, ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough,	514	32	206	276	—	—	—	—	22	492
Mumps, ...	19	—	3	16	—	—	—	—	—	19
Total,	3,114	196	839	1,460	201	210	136	72	1,719	1,395

* 3 cases notified in a previous year and removed to Hospital for the first time during 1937.

II.—State Name of Hospital or Hospitals in which Cases were Treated.

Infectious Diseases Hospital, Paisley; Craw Road Sanatorium, Paisley; Sanatoria of Scotland, Bridge of Weir; Craw Road Hospital (Pneumonia), Paisley; Royal Alexandra Infirmary (Pneumonia), Paisley; Woodside House (Pneumonia), Paisley; Barshaw Maternity Hospital (Puerperal Pyrexia), Paisley.

III.—Venereal Disease.

Note.—As hitherto, a report on the work of each treatment centre is to be given on Form V.R. 1, which will be issued separately.

FREE SUPPLY OF ARSENOBENZENE COMPOUNDS TO GENERAL PRACTITIONERS.

1. Number of doses issued to general practitioners in 1937, ... 115
2. Number of general practitioners to whom supplies were issued in the year, ... 4

Note.—50 doses were also issued to the Royal Alexandra Infirmary, Paisley.

Tuberculosis—Statistical Returns, 1937.

I.—Return of Cases of Tuberculosis notified during the year.

	Number of Cases notified as Suffering from Tuberculosis.								Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.		
	AGE—GROUPS.										
	1	2	3	4	5	6	7	8	9	10	11
	Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.	Under 15.	15 and upwards.
	1	2	3	4	5	6	7	8	9	10	11
Pulmonary—											
Males,	4	1	—	12	16	9	12	—	54	4	48
Females,	2	—	2	17	18	6	9	4	58	4	53
Non-pulmonary,											
Males,	5	1	2	2	1	—	1	1	13	8	5
Females,	9	3	1	8	1	1	—	—	23	13	10

II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year.

	NUMBERS OF PATIENTS.					
	In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions. †		In Institutions on December 31.
	1	2	3	4	5	6
Pulmonary—						
Adults,						
Males.	19	59	35	15	9	19
Females,	20	63	54	3	4	22
Children,						
Males,	7	2	7	1	—	1
Females,	4	4	8	—	—	—
Non-pulmonary,						
Adults,						
Males,	2	3	1	2	—	2
Females,	4	7	5	2	—	4
Children,						
Males,	10	2	9	1	1	1
Females,	3	9	5	—	—	7
Total.	69	149	124	24	14	56

† In column 4 show those who were in final residence 28 days or over. In column 5 show those who were in final residence under 28 days.

III.—Return of Number of Persons Resident in the Area at 31st December, 1937, who were known to be suffering from Tuberculosis

		Number of Cases in Age Groups.								
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
Pulmonary.										
1. Sputum not present, ...	M.	—	1	—	5	5	1	5	1	18
	F.	—	1	1	9	8	4	1	—	24
2. Sputum present but not examined, ...	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
3. Sputum examined and tubercle bacilli found,	M.	—	—	—	11	16	12	12	1	52
	F.	—	—	1	23	17	8	8	2	59
4. Sputum examined and tubercle bacilli never found, ...	M.	—	—	1	11	16	10	17	3	58
	F.	—	—	3	16	19	8	11	2	59
		—	2	6	75	81	43	54	9	270
Non-Pulmonary.										
1. Abdominal, ...	M.	5	7	11	9	4	1	1	—	38
	F.	4	5	5	12	3	1	1	—	31
2. Spine, ...	M.	—	4	3	3	2	1	—	—	13
	F.	—	2	—	1	2	1	—	—	6
3. Bones and Joints (exclusive of Spine), ...	M.	4	5	9	15	8	2	3	—	46
	F.	3	4	8	8	5	1	—	—	29
4. Superficial Glands, ...	M.	3	9	10	12	6	4	1	—	45
	F.	2	8	11	16	7	3	—	—	47
5. Lupus, ...	M.	—	—	1	1	—	—	—	—	2
	F.	—	—	—	—	3	—	—	—	3
6. Other parts or organs, ...	M.	1	2	4	4	4	—	6	—	21
	F.	1	1	3	1	2	—	3	—	11
Pulmonary and Non-Pulmonary Total, ...		23	47	65	82	46	14	15	—	292
		23	49	71	157	127	57	69	9	562

IV.—Return of number of persons who died from tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis, ...	44	24	10	5
Of whom—				
Not notified or notified only at or after death, ...	6	7	3	2
Notified less than 1 month before death, ...	3	3	—	1
Notified from 1 to 3 months before death, ...	9	2	1	2
Notified from 3 to 6 months before death, ...	3	1	1	—
Notified from 6 to 12 months before death, ...	5	3	—	—
Notified from 1 to 2 years before death, ...	4	2	1	—
Notified over 2 years before death,	14	6	2	—
Number who died within 28 days after discharge from an institution, ...	2	3	—	—
Number who died more than 28 days after discharge from an institution.	5	5	—	—

INFECTIOUS DISEASE — OTHER THAN TUBERCULOSIS.

SUMMARY.

	1937.
Number of visits of enquiry, ...	7,430
Patients removed to Hospital, ...	1,527
Notices served under Section 50 (2), P.H.S.A.,	1,373
Notices served under Section 53 (2), P.H.S.A.,	1,373
Notices served to School Teachers, etc., ...	6,788
Houses, etc., Disinfected, ...	1,382
Sets of Clothing removed for Disinfection, ...	1,207
Articles of Clothing Disinfected, ...	14,826

TUBERCULOSIS.

SUMMARY.

	1937.
Number of visits of enquiry, ...	1,166
Average number of cases under observation.	566
Houses, etc., Disinfected, ...	126
Sets of Clothing removed for Disinfection or for Destruction.	167
Articles of Clothing removed for Disinfection or for Destruction, ...	3,991

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1937.

Estimated Population, 1937. ... 90,774.

Numbers.	1937.
Births (corrected for transcripts), ...	1,716
Do. Illegitimate (corrected for transcripts), ...	70
Marriages (uncorrected), ...	676
Deaths (uncorrected), ...	1,167
Do. (transferred out), ..	171
Do. (transferred in),	179
Do. (corrected), ...	1.175

Rates per 1,000 of Estimated Population.	1937.
Birth Rate (corrected for transcript), ...	18.9
Illegitimate Birth Rate, ...	4.1
Marriage Rate (uncorrected).	7.4
Death Rate—	
(uncorrected), ...	12.9
(corrected for transfers),	13.1
(corrected for transfers and adjusted for age and sex distribution),	13.9
Phthisis, (corrected), ...	0.67
All Tuberculosis (corrected), ...	0.90
Principal Epidemic Diseases, ...	0.82
Infantile Mortality Rate	93

TABLE

Shewing the Number of Admissions, Discharges, and Deaths in connection with Auchentorlie House and Woodside House.

	Admitted.				*Discharged.*				*Died.*				*Remaining at 31st December.*			
	W.	B.	G.	Total.	W.	B.	G.	Total.	W.	B.	G.	Total.	W.	B.	G.	Total.
1910-1911	55	163	127	345	47	132	96	275	...	2	2	4	8	29	29	66
1912, ...	43	109	80	232	44	110	81	235	...	2	...	2	7	26	28	61
1913, ...	33	99	69	201	31	73	65	189	...	2	3	5	9	30	29	68
1914, ...	51	105	82	238	50	112	83	245	...	3	2	5	10	20	26	56
1915, ...	52	129	79	269	54	109	71	234	...	8	4	12	8	32	30	70
1916, ...	50	90	71	211	51	87	69	207	1	6	3	10	6	29	29	64
1917, ...	28	91	76	195	27	89	67	183	...	3	6	9	7	28	32	67
1918, ...	28	84	62	164	29	78	46	153	...	4	3	7	6	30	35	71
1919, ...	41	87	71	199	41	86	73	200	1	5	6	12	5	26	27	58
1920. ...	50	83	65	198	48	76	56	180	...	4	6	10	7	29	30	66
1921, ...	61	77	68	206	63	75	70	208	...	7	6	13	5	24	22	51
1922, ...	47	62	54	163	47	53	58	158	...	7	3	10	5	26	15	46
1923, ...	51	54	58	163	53	54	46	153	...	3	5	8	3	23	22	48
1924, ...	39	78	96	213	40	72	75	187	...	11	6	17	2	18	37	57
1925, ...	44	67	63	174	40	54	64	158	...	8	6	14	10	20	36	56
1926, ...	43	85	89	217	38	82	88	208	1	6	5	12	6	23	30	56
1927, ...	60	105	122	287	62	93	113	208	...	3	11	14	8	29	24	61
1928, ...	56	78	93	227	53	75	83	211	...	6	13	19	11	26	21	58
1929, ...	63	96	122	281	63	78	106	247	1	20	13	34	10	24	24	58
1930, ...	48	104	92	244	51	89	88	228	1	12	9	22	6	27	19	52
1931, ...	51	110	114	275	50	102	110	262	...	14	6	20	7	21	17	45
1932, ...	56	109	183	388	55	116	152	323	...	23	19	42	8	31	29	68
1933, ...	35	142	145	322	32	131	132	295	...	12	16	28	11	30	26	67
1934, ...	71	182	178	431	73	165	157	395	...	18	17	35	9	29	30	68
1935, ...	64	179	191	434	64	166	160	390	...	17	26	43	9	25	35	69
1936, ...	52	249	237	572	53	213	197	463	...	36	19	55	8	25	21	54
1937, ...	46	231	221	498	47	205	200	452	...	18	21	39	7	33	21	61